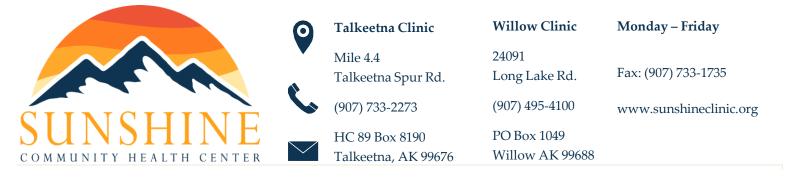


CURRENT PATIENT INFORMATION	Guarantor Information (to whom statements are sent)
Last Name:	Name:
First Name:	Address:
Middle Name:	City/State/Zip:
Address:	Relationship to patient:
City:State:	Date of Birth:
Zip:	Social Security No.:
	Phone: ()
Home Phone:	
Mobile Phone:	Emergency Contact Information
Sex: ()Male ()Female	Name:
Date of Birth:	Relationship:
Social Security No.:	Phone:
Patient email:	Mobile Phone:()
Required by government mandate [although you may	
refuse]:	Employer information
l andriade.	Employer
Language:	Employer:
Race: ()American Indian or Alaska Native ()Asian ()European ()Native Hawaiian or Pacific Islander ()White	Employer: Address: Phone:
Race: ()American Indian or Alaska Native ()Asian	Address:
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Signed_____Date:_____



Sunshine Community Health Center • Patient Acknowledgments and Authorizations

NAME (print):	DOB:
Contact Number:	

I authorize Sunshine Community Health Center (SCHC) to provide me and/or my family member with medical/behavioral/dental care. I acknowledge that it's my responsibility to pay for care according to the fees established, whether or not these fees are paid by insurance. I authorize the release of my protected health information necessary to process insurance claims. I assign directly to SCHC all insurance benefits, if any, otherwise payable to me for services rendered. If my provider prescribes controlled substances, I give SCHC permission to gather information regarding controlled substance prescriptions, past and present, from other providers and pharmacies.

□ I understand the HIPAA/Privacy Policy for SUNSHINE COMMUNITY HEALTH CENTER INCORPORATED

□ I hereby assign my insurance benefits to be paid directly to the healthcare provider

I authorize SUNSHINE COMMUNITY HEALTH CENTER INCORPORATED to release the
medical information required to process my claim

□ I have read and understand the Financial Policy for SUNSHINE COMMUNITY HEALTH CENTER INCORPORATED

□ I authorize SUNSHINE COMMUNITY HEALTH CENTER INCORPORATED to obtain/have access to my medication history

Signature:

Date:_____