

Dr. Scott L. Sledge, MD, PA
Ashley Book, PA-C

155 E. Sonterra Blvd, Ste 211
San Antonio, TX 78258
Ph(210)494-9600 Fax(210)494-9601

PATIENT INFORMATION (PLEASE PRINT) Today's Date: _____

Last Name: _____ First: _____ M.I.: _____

Address: _____ Apt#: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SS#: _____ Age: _____ DOB: _____ Gender: M / F Marital Status: _____

Employer: _____ Occupation: _____

Employer Address: _____ City/State/Zip _____

Guarantor (if patient is a minor): _____ Employer: _____

DOB: _____ SS#: _____ Cell Ph: _____

Referred by: _____ Primary Care Physician: _____

Pharmacy: _____ Street/City/(Ph#): _____

Emergency Contact: _____ Relationship to Patient: _____ Ph#: _____

INSURANCE INFORMATION

Insured's Name (if different from patient): _____

Insurance Carrier: _____ Insured's DOB: _____ Insured's SS#: _____

Secondary Insurance: _____

IMPORTANT MEDICAL QUESTIONS

Is this a work related injury or related to an automobile accident? _____ If YES, please see Receptionist NOW!

What are you being seen for today? _____

Are your symptoms related to an accident/injury? _____

If YES, please describe your accident/injury (place it occurred and activity being performed) in as much detail as possible:

Place of occurrence: _____ Activity: _____

I certify the above information is correct. I authorize Scott L. Sledge, MD and Ashley Book, PA-C, of Scott L. Sledge, MD, PA to release or request medical information necessary to process health insurance claims. I authorize payment of my medical insurance benefits to Scott L. Sledge, MD, PA. I understand that I will be responsible for payment at the time services are rendered. This includes any outstanding deductible and/or coinsurance. Our office does not file third party claims. Payment is expected in full. Scott L. Sledge, MD, PA will provide itemize receipts for services provided for reimbursement of third party billing.

Patient Signature: _____ Staff Witness Signature: _____

If you are referred to Methodist Ambulatory Surgery Center- North Central, we are required, by law, to inform you that Scott L. Sledge, MD, PA, has ownership interest in the facility and may receive remunerations indirectly for services rendered.

Scott L. Sledge, M.D.

Ashley Book, PA-C