



CASCADE PHYSICIANS, P.C.

19250 S.W. 65TH AVENUE • SUITE 110 • TUALATIN, OREGON 97062

2222 N.W. LOVEJOY • SUITE 505 • PORTLAND, OREGON 97210

501 N. GRAHAM • SUITE 100 • PORTLAND, OREGON 97227

1 ABOUT YOU

Patient Name (First, Middle, Last)			Name You Prefer to be Called	
Home Address		E-mail		Date of Birth
City	State	Zip	Social Sec. No.	Driver's License No.
Employed by	How long	Present Position	Home Phone	Cell Phone
Address of Employer			Business Phone	
Name of person other than relative to notify in event of emergency			Emergency Phone	

2 SPOUSE INFORMATION

Spouse (First, Middle, Last)			Date of Birth	
Home Address, If Different than Patient			Social Sec. No.	Driver's License No.
City	State	Zip	Home Phone	
Employed by	How long	Present Position	Business Phone	
Address of Employer			Emergency Phone	

3 PERSON RESPONSIBLE FOR ACCOUNT

Name (First, Middle, Last)			Relationship to Patient	
Address, If Different than Patient		City	State	Zip
Home Phone		Business Phone		Emergency Phone

4 Insurance PRIMARY Carrier

Insurance SECONDARY Carrier

Employee Name		Date of Birth	Employee Name		Date of Birth
Social Sec. No.		Employer	Social Sec. No.		Employer
Insurance Company		Policy No.	Insurance Company		Policy No.
Address			Address		
Phone			Phone		

Payment is due at time of service. If patient is covered by insurance, the insurance company will be billed. It is your responsibility, however, to pay your portion at the time of the service. If necessary, please discuss other financial arrangements with our staff. Finance charges will be assessed after 90 days. Visa and Mastercard are available for your convenience.

I acknowledge that I am financially responsible for all charges whether or not paid by insurance. If it becomes necessary to effect collections of amount due, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure the payment of benefits.

Signature: _____ Date _____

Who may we thank for referring you? _____ Relationship _____