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PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ Age: _____
(First, Middle, Last)

Birth Gender: M ___ F ___ Social Security #: _____

Mailing Address: _____
Address, City, State, Zip

Email Address: _____ Primary Phone: _____ Is this a cell phone?: Y N

Employer: (or parent/guardian employer if patient is a minor:

_____ Work Phone: _____

Primary Care Provider (where you go for your routine medical care): _____

Preferred Language: _____ Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race:

- Black or African American Asian White Native Hawaiian or Other Pacific Islander
- Other American Indian/Alaska Native Prefer not to answer

Emergency Contact:

Contact Name: _____ Phone Number: _____ Relationship to patient _____

Guarantor/Responsible Party (Person Responsible for payment)

_____ Social Security #: _____ Date of Birth: _____

Legal Name of Responsible Party (First, Middle, Last)

MEDICAL INSURANCE

PRIMARY Insurance Company Name	Policy Number/Member ID	Group Number
Insured Name	Insured Date of Birth	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Patient relationship to insured
Insurance Company Address (usually on the back of the card)		Phone Number

SECONDARY Insurance Company Name

Policy Number/Member ID

Group Number

Insured Name

Insured Date of Birth

Self Spouse Dependent

Patient relationship to insured

Insurance Company Address (usually on the back of the card)

Phone Number

1. **PLEASE PRESENT YOUR INSURANCE CARD AND PHOTO ID ALONG WITH ANY CO-PAY TO THE RECEPTIONIST WHEN YOU CHECK IN FOR YOUR APPOINTMENT AND ARRIVE AT LEAST 10 MINUTES PRIOR TO YOUR APPOINTMENT TIME.**
2. **If you are not able to make it for your appointment we ask that you call 308-995-6111 and cancel or reschedule your appointment.**
3. **Please contact the facility that holds your health records and ask for them to be sent to us. Our FAX# for medical records is 308-995-4868. This will help the provider at your visit to know your history prior to seeing you.**

WE ARE EXCITED TO SEE YOU AND CARE FOR YOU AND YOUR FAMILY'S HEALTH NEEDS.