

Compass Medical Clinic

607 SE Jefferson Street Dallas, Oregon 97338

Phone (503) 623-1200 Fax (503) 623-1414

**DEMOGRAPHIC SHEET**

Patient's Name: _____ Sex: M F Date of Birth: ____/____/____
Local Address: _____
Billing Address: _____
Email: _____ Home Phone: () ____ - ____
Preferred method of contact: _____ Cell Phone: () ____ - ____

Responsible Party (if different than above): _____ DOB: ____/____/____
Relationship to patient: _____ Phone: () ____ - ____
Address: _____

Mother's Maiden Name: _____ Religion: _____
Previous PCP: _____ Primary Language: _____
Marital Status: _____ Student? __ FT __ PT Veteran? Y N Branch: _____
Race: __ African American __ Caucasian __ Hispanic __ Native American
__ Other: _____
Ethnicity: __ Hispanic __ Not Hispanic Pharmacy: _____

Employer: _____ Phone: _____
Address: _____

Primary Insurance: _____
Policy # _____ Group# _____ Co-pay amount: \$ _____
Deductible amount: \$ _____ Effective Date: _____ Exp. Date: _____
Address of Insurance Co: _____
Name of Insured: _____ DOB: ____/____/____
Relationship to Patient: _____

Secondary Insurance: _____
Policy # _____ Group# _____ Co-pay amount: \$ _____
Deductible amount: \$ _____ Effective Date: _____ Exp. Date: _____
Address of Insurance Co: _____
Name of Insured: _____ DOB: ____/____/____
Relationship to Patient: _____

I certify that I, and/or my dependent(s), have insurance coverage with the above named insurance and assign directly to Compass Medical Clinic all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of Patient/Guardian_____
Date