

# Dyer GI Clinics of Illinois, L.L.C

# Patient Information Sheet

**Please Print**

Today's Date					
PATIENT/ INSURED INFORMATION					
Full Legal Name (First) (Middle) (Last)				Name Normally Used (Nickname)	
Address (Number)		(Street)		(Apt. No.)	
City		State	Zip	Email Address	
Date of Birth		Age	Sex	Marital Status	
Employer Name		Employer Street Address		City	State Zip
Preferred Contact Phone No.		Alternate Phone No.		How Did You Hear About Us?	
MEMBER INFORMATION					
Full Legal Name (First) (Middle) (Last)			Date of Birth (mm/dd/yyyy)		Occupation
Address (If Different From Above)			City	State Zip	Home Phone
Employer Name		Street Address		City	State Zip Relationship To Insured
INSURANCE INFORMATION					
Primary Insurance Company Name					
Subscriber Name					
Secondary Insurance Company Name					
Subscriber Name					
Other Insurance Information					
EMERGENCY INFORMATION					
Person to Notify in Case of Emergency				Relationship	
Address (Number)		(Street)		(Apt. No.)	
City				State	Zip Daytime Phone
INFORMATION FOR THE PATIENT					
<ol style="list-style-type: none"> <li>1. Patients who carry standard health insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. All patients with standard health care insurance are expected to make payment as services are rendered, regardless of pending insurance, litigation, etc.</li> <li>2. Patient agrees that if payment is not paid when due, interest will accrue at 1 ½% per month (18% per annum). If account goes to collection, patient agrees to pay reasonable attorney fees and court costs for such collection action.</li> <li>3. Some health plans require a copayment at the time of service. Most health plans require that the claim be submitted by our office.</li> <li>4. If you have any questions we will, of course, be happy to assist you.</li> <li>5. Patient understands that they are personally responsible for payments if health insurance fails to cover for services rendered.</li> <li>6. All self-paying patients and out-of-network patients must confirm payment arrangements prior to medical services. Payments are made on day of visits.</li> </ol>					
Signature: _____				Date: _____	