

Today's Date \_\_\_\_\_ Is this visit the result of an accident? \_\_\_\_\_ If yes: School Work Auto

Full Name (first, middle, last): \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Sex: Male or Female

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Ethnic Group: Hispanic Not Hispanic Unknown

Primary Care Provider: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employment Status (Circle One): Active Military Duty Disabled Full-time Part-time Not Employed Retired  
Self-Employed Full-Time Student Part Time Student Unknown Minor

### Responsible Party for this Account

Name: \_\_\_\_\_ Patient's Relationship to Guarantor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Patient's Relationship to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Claims Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's SSN: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_ Relationship to Policy Holder: Self Spouse Dependent

Group/Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

Secondary Insurance Company (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Claims Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's SSN: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_ Relationship to Policy Holder: Self Spouse Dependent

Group/Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

*Authorization to pay benefits:* I agree to assign benefits to Kiowa District Healthcare. I understand I am responsible for any uncovered and/or unpaid balances. I certify the information listed is true and correct and I authorize investigation if necessary.

\_\_\_\_\_  
Patient or Authorized Signature Date/Time

\_\_\_\_\_  
Relationship to Patient Witness

All records will meet the minimal requirements as set forth by the Kansas Board of Healing Arts article 100-24-1. All documentation should comply with Section 1557 of the Affordable Care Act which prohibits discrimination on the basis of race, color, national origin, age, disability, sex, gender identity/gender expression.

Communication assistance services, free of charge, are available to you. Call 1-888-528-6692

**Spanish:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-528-6692

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-528-6692

**Chinese:**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-528-6692。

**German:**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-528-6692.

**Korean:**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-528-6692번으로 전화해 주십시오.

**Lao:**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕຳນາລາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມາດນິເວດໃຫ້ທ່ານ. ໂທ 1-888-528-6692.

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم 1: 888-528-6692 - 1).

**Tagalog:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-528-6692

**Burmese:**

သတိပြုရန် - အကယုၣ် သဠည ဝုမန္တစကား ကို ဝေပုဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံကု စီစဉ်ဆောင်ရွက်ပေးပါမည့်။  
ဖုန်းနံပါတ် 1-888-528-6692 သို့မဟုတ် ဝေခင့်ဆိုပါ။

**French:**

ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-888-528-6692

**Japanese:**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-528-6692まで、お電話にてご連絡ください。

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-528-6692

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-528-6692

**Persian:**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-528-6692 تماس بگیرید.

**Swahili:**

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-888-528-6692