



Last Name _____ First Name _____ MI _____
 Street Address _____
 City _____ State _____ Zip Code _____ Country _____
 Home Phone _____ Cell _____ Office _____
 Pharmacy _____ Phone # _____
 Date of Birth _____ Age _____ Sex _____ SS# _____
 Marital Status: Single Married Divorced Widowed
 Employer _____ Address _____ Phone # _____
 City _____ State _____ Zip Code _____
 Full Time Part Time Student Retired Retirement Date: _____

EMERGENCY CONTACT

Name _____ Relationship _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell _____ Office _____

INSURANCE INFORMATION

Insurance is in YOUR name - YOU are the Primary:

Primary Insurance _____ Policy # _____ Group # _____
 Secondary/Supplemental Insurance _____ Policy # _____ Group # _____

Insurance is in SOMEONE ELSE'S Name - YOU are Covered on THEIR Policy:

[If the primary carrier of one of your insurance policies is NOT yourself, please supply us with the following information for that person, so we may properly file your insurance claim.]

Last Name _____ First Name _____ MI _____
 Street Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Cell _____ Office _____
 Date of Birth _____ Age _____ Sex _____ SS# _____
 Employer _____ Address _____ Phone # _____
 Your relationship to the insured? Self Spouse Other _____

AUTHORIZATION: I hereby authorize *Assignment of Benefits* to Steven K. Booton, MD, FACP. I also certify that I will be responsible for the payment of services provided but not covered. I also authorize Dr. Booton's practice to release Medical Records and other information to Insurance Companies. I acknowledge that physicians do not accept assignment of benefits on all insurance companies including Medicare. (Please check with the receptionist for current affiliations.) Furthermore, I acknowledge that not all plans cover certain procedures, lab tests or preventive health exams. I will be responsible for payment of these services. I acknowledge & agree to pay for services at the time they are delivered. I also agree to pay co-payments, deductible and coinsurance amounts not paid by my insurance, at the time of service. **Initial here:** _____

STEVEN K. BOOTON, MD, FACP
 INTERNAL MEDICINE

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