MATTHEW M. KEUM, M.D., INC. PAIN MANAGEMENT CLINIC

36060 EUCLID AVE SUITE 101 • WILLOUGHBY, OHIO 44057

PHONE: (440) 269-4990 • FAX: (440) 269-4991

PATIENT INFORMATION

Patient Name	☐ Male ☐ Female Marital Status ☐ S ☐ M ☐D ☐ W
Street Address	Date of Birth Age
City State Zip	Social Security #:
Home / Cell #	Employer:
Email Address	Employer Phone #
Race: ☐Caucasian ☐African American ☐Hispanic ☐Other	
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	
Language: ☐ English ☐ Spanish ☐ Other:	
Pharmacy Name Location Phone #	

INSURANCE INFORMATION

Primary Insurance:	Secondary Insurance:
Policy / ID #	Policy / ID #
Group #	Group #
Cardholder Name	Cardholder Name
Cardholder DOB	Cardholder DOB
Relationship to Patient	Relationship to Patient
Phone #	Phone #

FINANCIAL GUARANTOR (Person responsible for the bill)

Name	Social Security #:
Street Address	Phone #
City State Zip	Relationship to Patient
Date of Birth	

EMERGENCY CONTACT

Name
Phone #
Relationship to Patient

ACKNOWLEDGEMENT RECEIPT OF PRIVACY POLICY

I have received Matthew M. Keum, M.D., Inc's Notice of Privacy Policies and understand that my protected health information my be used by the practice as described in the notice.

X Signature Date

CONSENT AND RELEASE OF INFORMATION

I, the undersigned, hereby consent to the administration of such medications, testing, and treatment for the above named patient as are considered necessary or advisable by the physician and health personnel. Her hereby authorize the release of necessary information to authorized agencies, primary care physicians, employers, and/or insurance companies and further assign any and all applicable insurance benefits to Matthew M. Keum, M.D., Inc. and personally guarantee payment for the services not covered by my insurance. Matthew M. Keum, M.D., Inc. can use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

X Signature Date