WELCOME

EVOL HEALTH, PLLC
1440 W. 29th Suite 200
Loveland, Colorado, 80538
Office (970) 657 - 4669
Fax (303) 557 - 6321

Date:	Name of Insured:
Patient Name:	Relationship to Patient:
Address:	Insured Date of Birth:
Work Phone:	Insureds Health Insurance
Cellular Phone:	Company:
Sex:	Group #:
SSN:	Primary Care Doctor:
Birth date:	Is MD referral required:
Occupation:	Deductible:
Employer:	Amount Met:
Spouses Name:	Co-pay:
Spouses Employer:	OOP/Benefits Limit:
e-mail address:	Additional Information:

Whom may we thank for referring you?

What is your chief complaint:

Injuries are related to: (Traffic Accident) ☐ (Work-related Accident) ☐ (Personal Injury) ☐

Describe Injury:

Is there litigation involved? Yes ☐ No ☐ If yes, who is your attorney?

If work injury, provide supervisor's or human resources contact name and number:

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this office will extend the courtesy to prepare any necessary forms and reports to assist me in collection from the insurance company and that any amount authorized to be paid directly to this office will be credited directly to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for such services rendered me will be immediately due and payable along with any late fees, collections fees, and court / legal fees to the extent provided by law. Furthermore, I assign and direct any third party payer to make payment on my account to this office directly to credit my account. Additionally, I authorize this office to accept and to share / distribute copies of my bills and office notes for purposes that entail billing, diagnostic imaging / evaluations, medical consultation, collections, court/legal proceedings, or past, present and future Medicare/Insurance.

Signature Guardian Date