

**COASTAL ENT ASSOCIATES PLLC
EDWARD WILLIS, MD**

PATIENT DEMOGRAPHIC INFORMATION

Last Name _____ First Name _____ Middle _____

Preferred Name _____ Maiden _____ Prefix _____ Suffix _____

DOB _____ Sex _____ SSN _____ Race _____ Ethnicity _____

Marital Status _____ Drivers License # _____ Language _____

Address Line 1 _____ Line 2 _____

Zip _____ City _____ State _____ County _____ Country _____

Home Phone _____ Work _____ Cell _____

Fax _____ Pager _____ Email _____

Preferred Communication: Home Cell Work

Employer _____ Status _____ Occupation _____

RESPONSIBLE PARTY DEMOGRAPHIC INFORMATION

Last Name _____ First Name _____ Middle _____

Preferred Name _____ Maiden _____ Prefix _____

DOB _____ Sex _____ SSN _____ Race _____ Ethnicity _____

Marital Status _____ Drivers License _____ Primary Language _____

Address Line 1 _____ Line 2 _____

Zip _____ City _____ State _____ County _____ Country _____

Home Phone _____ Work _____ Cell _____

Email _____

Preferred Communication: Home Cell Work

Employer _____ Status _____ Occupation _____

INSURANCE INFORMATION

Primary Insurance

Insurance Company _____ Name of Insured _____

Address _____ Date of Birth _____

Phone _____ SSN # _____

Policy # _____ Drivers License _____

Group # _____ Employer _____

Patient Relationship to Insured: Self Mate/Spouse Other Child

Secondary Insurance

Insurance Company _____ Name of Insured _____

Address _____ Date of Birth _____

Phone _____ SSN# _____

Policy # _____ Drivers License _____

Group # _____ Employer _____

Patient Relationship to Insured: Self Mate/Spouse Other Child

Is patient currently residing in a Skilled Nursing Home or Assisted Living Facility? YES or NO
If yes, Name of Facility:

Name _____ Address _____

Phone _____ Approximate Length of Stay _____

I hereby authorize Coastal ENT Associates, along with any billing services, collection agencies, attorneys or other agents who may work on their behalf, to contact me on my cell phone and/or home phone using live calls, automatic telephone dialing systems and/or other computer assisted technology.

Signature: _____ Date _____