



Cedar Hills Family Practice

James E. Williams MD
3103 SE Military Drive Suite 105
San Antonio, Texas 78223

Welcome to Our Practice Please Print

Date: Name: SS#: Date of Birth: Full Time student? Street Address: City: State: Zip: Home Phone: Sex: M F Marital Status: Single Married Divorced Cell Phone: Are any family members patients of Cedar Hills Family Practice? Employed: Email address: Emergency Contact: Relationship: Who is responsible for this account: Name: Do you have Medical insurance? Are you the subscriber?

Name of Insurance company: Subscriber Name: Date of Birth: Address if different from patient: Subscriber number: Group:

Secondary Insurance Company: Subscriber: Date of Birth: Subscriber Number: Group Number:

Whom may we share information regarding your Name/Relationship: Medical Information Billing Information

How were you referred to our practice? Friend/Relative Name: Yellow Pages Mail Newspaper Ad Physician Name: Hospital Other:

Please remember that insurance is considered a means for reimbursing the patient for fees paid to their physician for healthcare services. Insurance is not intended to cover all charges in their entirety. Your contract is between you and the insurance company and reimbursement may vary with insurance companies so you are responsible for paying the portion of your bill not covered by insurance (unless otherwise restricted by law or an agreement we might have made with the insurer). I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carrier or any other commercial insurance company, any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment.

Signature: Date:

To be filled in by practice: PT ID