RYANRANCH MEDICALGROUP
PARTNERS IN HEALTH AND WELL-BEING

2 Upper Ragsdale, Ste B110
Monterey, CA 93940
831.647.3190
Fax 831.373.1007

Patient Name: _____
(Last) **(First)** **(MI)**
Date of Birth: _____ **Age**: _____ **Sex**: Male/Female

SSN: _____ **Martial Status**: S M D W **E-mail Address**: _____

Home Address: _____

City, State, Zip: _____

Home Number: _____ **Other Number**: _____

Employer/Occupation: _____ **Employer Work#**: _____

Emergency Contact: _____
(Name) **(Number)** **(Relationship)**

<u>If Patient is a minor,</u>
Parent/Guarantor: _____
(Last) **(First)** **(MI)**
Date of Birth: _____ **Social Security#**:_____

Home Address: _____

City, State, Zip: _____

How did you hear about our practice?
___ Herald **___ Pine cone** **___ Weekly** **Referred by**_____

___ The Good Life Magazine **___ Insurance Company** **Other**_____

Would you be Interested in a Medical Weight Loss Consultation here in our Office? YES NO

Interested in a Complimentary Consultation in our Aesthetics Department? YES NO

Interested in receiving information regarding Dr. Franklin's MDVIP practice? YES NO

_____ **(Initials)** **ASSIGNEMT OF INSURANCE BENEFITS**: If the patient is entitled to medical benefits of any type arising out of a contract with a health insurance company, these benefits are hereby assigned to this office for application on the patients bill.

_____ **(Initials)** **RELEASE OF INFORMATION**: This office may disclose the patients record for this visit, to those health insurance companies responsible for payment of all or part of the office visit.

_____ **(Initials)** **FINANCIAL AGREEMENT**: I agree to pay all portions of this account, which are not covered by insurance or other sources of payment. This office will bill most insurance and will keep me informed of all insurance or other sources of payments and balances due from me.

_____ **(Initials)** **RECEIPT OF NOTICE OF PRIVACY PRACTICES/PATIENT RIGHTS AND RESPONSIBILITIES**

_____ **(Initials)** **<u>$35 NO SHOW/ CANCELATION FEE WITHOUT A 24HR NOTICE</u>**.

SIGNATURE: _____ DATE: _____