



12900 NE 180th St. Bothell, Wa. 98011
Phone: 425-424-2100 Fax: 425-424-2101

Financially Responsible Party (age 18 and over)

First M/I Last
Preferred Name (if applicable)
Social Security # Birthdate Sex: M or F
Address: Apt # City
State Zip
Home Phone # Work # Cell #
Marital Status: M S W D Employer Student

INSURANCE PRIMARY: Subscriber Name Birthdate Employer
Ins Co: Subscriber # Group #

INSURANCE SECONDARY: Subscriber Name Birthdate Employer
Ins Co: Subscriber # Group #

SPOUSE: (if applicable)

First M/I Last
Preferred Name (if applicable)
Social Security # Birthdate Sex: M or F
Address: Apt # City
State Zip
Home Phone # Work # Cell #
Employer

INSURANCE PRIMARY: Subscribers Name Birthdate Employer
Ins Co: Subscriber # Group #

INSURANCE SECONDARY: Subscriber Name Birthdate Employer
Ins Co: Subscriber # Group #

DEPENDANT CHILDREN (UNDER 18)

Childs Name First: M/I Last
Birthdate Sex M or F Custodial Parent/Guardian
Phone # Social Security #

PERSON TO CONTACT IN CASE OF EMERGENCY (friend or relative not living at same address)

Name Relationship Phone #

Referred to this office by

Release of Benefits and Financial Information: I hereby give permission to Northshore Family Practice to provide medical care for myself/dependents and to obtain access to insurance benefits. I agree that any medical treatment not covered by insurance will become patient responsibility.

Patient Sig: Date: