

Sleep Medicine Associates, LLC
Terry M. Brown, D.O.
2 South Hospital Drive, Murphysboro, IL 62966

Please Print

Patient's Last Name _____ First _____ MI _____
(If patient is a minor or has a parent or guardian, name and relationship of responsible party _____)

Street Address: _____

City _____ State _____ Zip _____ email _____

Home phone: _____ Work phone: _____ Cell: _____

Social Security Number _____ --- _____ --- _____ Date of Birth _____

Marital status _____ Employer _____

Referred by _____

Emergency Contact/Relationship _____

Primary Medical Insurance Company _____

Group # _____ Policy Number _____

Insured's name if different than patient _____

Insured's social security number if different from patient's _____

Insured date of birth if different than patient's _____

Secondary Medical Insurance Company _____

Group # _____ Policy Number _____

Insured's name if different than patient _____

Insured's social security number if different from patient's _____

Insured date of birth if different than patient's _____

By signing below I agree to treatment. I also request that payment of authorized third party benefits be made on my behalf to Dr. Brown (SMA-LLC) for any services furnished to me by its physicians or providers. I understand my signature also authorizes release of any and all medical records via mail, fax/phone, or electronic means, to the insurer or its assignees, necessary to pay a particular claim, and further releases provider to turn any unpaid account balance to a third party for collections. I further understand that I am responsible for any deductible, co-pay, or any amount not covered by my insurance company.

Dr. Terry Brown agrees to see and treat you on a consulting basis only. This means that Dr. Brown does not assume any primary care role in your care. If you have after-hours emergencies, or urgencies, you would need to contact your primary care physician, or if more urgent, go to the Emergency Room at a local hospital. If you do not have a family physician or primary care physician, alert us to this and we will assist you in finding one.

From time to time we may send you appointment reminder notices by letter, postcard, telephone, or other forms of electronic communication in which case it may be possible for a message to be overheard or a letter or postcard to be seen by another member of your household.

By signing below I acknowledge and agree to Dr. Terry Brown's (Sleep Medicine Associates, LLC) policies for consultation described above.

Signature of patient or guardian

Date