

Date _____

Account: _____

Susan L. Zito DO

Board Certified Rheumatology
Board Certified Internal Medicine



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Largo, FL 33771
Phone: (727) 223-9610
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Suncoast Rheumatology

PATIENT INFORMATION

Patient Name		Social Security	Age	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address		City	State	Zip Code	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Spouse's Name	Phone	Cell Number	E-mail	
Please tell us who referred you to us:			Drug Allergies		

RESPONSIBLE PARTY INFORMATION

Person Responsible for Medical Expenses – If same as above check <input type="checkbox"/> Self	Name	Phone Number
Addressee	City	State Zip Code

I understand this clinic will not treat the aspects of my care that are part of a workers compensation claim. X

EMPLOYMENT INFORMATION

Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer (Father's if minor)
Address	City State Zip Code
Position	Business Phone Number
Spouse's Employer (or Mother's)	Address
Position	Business Phone Number

INSURANCE INFORMATION (Please list all)

Medicare Number	Medicaid No.	State
Insurance Co. Name & Address	Name of Policy Holder	DOB Social Security
Insurance Co. Name & Address	Name of Policy Holder	DOB Social Security

EMERGENCY INFORMATION

Person to contact in case of emergency other than person living in house with patient:				Relationship
Address	City	State	Phone Number	Cell Number

CONSENT FOR TREATMENT – RELEASE OF INFORMATION

I consent to treatment necessary for the care of the patient mentioned above. I hereby authorize the release of all medical records to referring physicians and to my insurance companies with the following exceptions.

X _____
Signature of patient or guardian

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED ATTACHED.

X _____
Signature

Thank You for taking time to complete this form. This information is necessary for the preparation of your clinic records. You are responsible for all charges as billed. Any service charges for past due or collection accounts will be the responsibility of the patient. As a courtesy, we will file your insurance or Medicare. However, your contract is with your insurance company. They are responsible to make payments directly to you. You are responsible for full payment as billed. If extended terms are desired on large balances, our credit office personnel will be happy to discuss a payment schedule most convenient for you.