



BALD MOUNTAIN MEDICAL PHARMACY



1375 South Lapeer Road, Suite 103 Lake Orion, MI 48360 Phone 248-814-9814 Fax 248-814-9818

NEW PATIENT FORM

Patient Information

| | | | | | | |
|---|--|---------------|------------------------|------------|---|---|
| NAME | | | AGE | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| ADDRESS | | | | | | |
| CITY | | STATE | ZIP | HOME PHONE | WORK PHONE | |
| DATE OF BIRTH | | | SOCIAL SECURITY NUMBER | | | |
| PRIMARY PHYSICIAN | | | PHYSICIAN PHONE | | | |
| <i>If this information is for your child/dependent, complete the following:</i> | | | | | | |
| NAME | | DATE OF BIRTH | | AGE | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| ADDRESS | | | | | HOME PHONE | |
| CITY | | STATE | ZIP | | | |
| PRIMARY PHYSICIAN | | | PHYSICIAN PHONE | | | |

Insurance Information

| | | | | | |
|---------------------------|--|--|-----------------|--------------|--|
| <i>Primary Carrier:</i> | | | | | |
| INSURANCE COMPANY | | | ID NUMBER | GROUP NUMBER | |
| MEDICAID NUMBER | | | MEDICARE NUMBER | | |
| <i>Secondary Carrier:</i> | | | | | |
| INSURANCE COMPANY | | | ID NUMBER | GROUP NUMBER | |
| MEDICAID NUMBER | | | MEDICARE NUMBER | | |

Bald Mountain Medical Pharmacy must have a copy of ALL insurance cards.