PASTEUR MEDICAL ASSOCIATES, P.A.
INTERNAL MEDICINE

4410 Medical Drive, Suite #100 • San Antonio, Texas 78229 • Phone: 210-614-4000 • Fax: 210-614-9114

Bradley B. Kayser, MD ◆Michelle C. Scanlan, MD ◆Hoan Q. Pho, MD ◆Robert B. Goff, MD ◆John P. Galan, MD ◆ Brenda B. McMahon, MD

PLEASE PRINT CLEARLY DATE: _____ ACCOUNT NUMBER: _____

Patient Name: _____ Date of Birth: _____ Age: _____

Address: _____City/State_____Zip:_____

Home/Work Phone: _____ Cell Phone: _____

Sex: Male/ Female **Social Security#**_____ **Marital Status**: S M W SEP D

Race**:** _____ Ethnic Group: _____ Preferred Language: _____

Patient Employed By: _____ Occupation: _____ Phone: _____

EMAIL (personal only):_____

IN CASE OF AN EMERGENCY CONTACT: _____Phone# _____Cell# _____

ALLERGIES: _____

Pharmacy: _____ Pharmacy Phone: _____

Referred By: _____ Former Physician: _____

INSURANCE

Do You Have Medicare? Yes No Do You Have Medicaid? Yes No

#1) Primary Insurance Name: _____ Group# _____

ID# _____

Subscriber's Name: _____ Subscriber's Date of Birth:_____

Relationship to Patient: _____ Subscriber's Employer: _____

#2) Secondary Insurance Name: _____ Group# _____

ID# _____

Subscriber's Name: _____Subscriber's Date of Birth: _____

Relationship to Patient: _____ Subscriber's Employer:_____

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

I authorize payment of medical benefits of _____(Insurance Company Name) to Dr. _____ for services rendered.

I authorize the release of any medical or other information necessary to process my medical insurance. I also request payment of government benefits to the party who accepts assignment, or to myself for non-assigned claims. This authorization applies to all occasions of service until it is revoked. The undersigned does hereby give authorization to the physician to administer such medication and perform such procedures as maybe necessary for the best care of the patient. The undersigned also does hereby give authorization for Pasteur Medical Associates to web-enable your personal e-mail, thus allowing e-mail notification of passwords and patient portal notifications.

Patient Signature and Date

SERVICES ARE PAYABLE WHEN RENDERED