



Patient Demographic and Data Collection

We are committed to providing safe, quality care for our patients. In an effort to assure you the best possible experience at Skagit Regional Health, please provide your demographic, insurance and other requested information prior to your first visit.

Patient Demographic Information

Legal Name _____ Date of Birth: _____
 Mailing Address _____ City, State, Zip Code _____
 Primary Contact Phone # _____ Alternate Phone # _____
 Guarantor (if patient is a minor) _____

Insurance Information

Primary Insurance _____ Subscriber Name _____
 Policy # _____ Group # _____
 Secondary Insurance _____ Subscriber Name _____
 Policy # _____ Group # _____

*If you have Medicare, is there other Health insurance that is primary? Y or N

*If you have Medicare, have you selected a MedAdvantage or Medicare replacement plan? Y or N

Ethnicity - Language – Race

Do you consider yourself Hispanic or Latino?

- I AM Hispanic or Latino
- I am NOT Hispanic or Latino
- I don't know
- Decline to answer

What Language do you prefer when speaking with your Provider?

- English
- Spanish
- Russian
- Other _____

What category best describes your race? (You may choose more than one)

- White or Caucasian
- Black or African American
- Asian
- Hispanic
- Native American
- Pacific Islander or Hawaiian
- Other _____
- Unknown

Financial Agreement and Authorization for Treatment

My signature authorizes treatment and I agree to pay all fees and co-payments for services not covered by a contracted medical plan. All charges are the responsibility of the patient/guarantor. Co-pays are due at the time of service. A \$15 surcharge will be made for co-pays not made at the time of service. Charges are due and payable within thirty (30) days following the statement closing date.

Signature (if under 18, parent or guardian)

Date