



**one stop  
Hemorrhoid care**

**southdale medical center  
6545 FRANCE AVE SOUTH  
SUITE C-21  
EDINA, MN 55435  
phone: 952-922-9999  
fax: 952-922-5003**

Patient Information		
Last Name:	First Name:	Middle Initial:
Birth Date:	SSN:	E-mail:
Home Phone #:	Work phone #:	Cell #:
Address:	City/ State:	Zip Code:
	Sex:	Marital Status: <b>M S D W</b>
Emergency Contact Information		
Emergency Phone #:	Relationship to Patient:	
Pharmacy Name:	Pharmacy Phone #:	
Insurance Information		
Primary Insurance		
Effective Date:	Expiration Date:	
Subscriber:	Patient's Relationship: <u>    </u> self <u>    </u> spouse <u>    </u> child	
Certificate #:	Patient's Certificate Suffix:	
Group Name:	Subscriber's Certificate Suffix:	
Group No.:	Policy Telephone #:	
Secondary Insurance		
Effective Date:	Expiration Date:	
Subscriber:	Patient's Relationship: <u>    </u> self <u>    </u> spouse <u>    </u> child	
Certificate #:	Patient's Certificate Suffix:	
Group Name:	Subscriber's Certificate Suffix:	
Group No.:	Policy Telephone #:	

**ASSIGNMENT OF BENEFITS:** I hereby authorize that payment due me in my pending insurance claim be made directly to One Stop Medical Center. Payment is authorized upon your receipt of an itemized statement of services. **YES**      **NO**      **INITIALS**     

**AUTHORIZATION FOR RELEASE FOR RESEARCH OR QUALITY IMPROVEMENT:** Minnesota Law requires us to inform you that your medical records, no matter when created, may be released for research or quality improvement purposes unless you object. I authorize this release and agree I may revoke this agreement at anytime in writing delivered to the clinic. I may also inquire about whether such a release has been requested. **YES**      **NO**      **INITIALS**     

**RECORDS RELEASE:** I hereby authorize One Stop Medical Center to release my referring physician and insurance company any information, including diagnosis and records of treatment concerning my past and current medical history. **YES**      **NO**      **INITIALS**     

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_