

## Patient's New & Current

Due to the transition of changing from a paper to digital office, we kindly ask you to:

- Provide your updated **INSURANCE CARD**. (*Even if you are not aware of changes*)
- Please **UPDATE** all information on your medical history. (*Simply cross out what is an error and re-write the accurate information*).
- When completing your medical history we please ask that you provide a list of **MEDICATIONS**, so we can provide the best care for you. (*If you have a list, we can make a copy for you*)
- When finished updating your medical history please **SIGN** the second page.

### NOTE

*We are trying to eliminate extra billing from our office. We have communicated with your insurance company to get an **ESTIMATED CO-PAYMENT** for your visits. Co-payments will now be collected on the **DAY OF SERVICE**.*

**We apologize if this causes any inconveniences.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**