

OREGON FAMILY HEALTH, LLC
607 SE Jefferson Street, Dallas, Oregon 97338
Phone (503) 623-1200 Fax (503) 623-1414



DEMOGRAPHIC SHEET

Patient's Name: _____	Date of Birth: ___/___/___
Local Address: _____	
Billing Address: _____	
Email: _____	Home Phone: () ___ - _____
Preferred method of contact: _____	Cell Phone: () ___ - _____

Responsible Party (if different than above): _____ DOB: ___/___/___
Relationship to patient: _____ Phone: () ___ - _____
Address: _____

Mother's Maiden Name: _____	Religion: _____
Marital Status: _____	Primary Language: _____
Student? ___ Full Time ___ Part Time	Veteran? Y N Branch: _____
Race: ___ African American ___ Caucasian ___ Hispanic ___ Native American ___ Other: _____	Ethnicity: ___ Hispanic ___ Not Hispanic
Previous PCP: _____	
Preferred Pharmacy: 1. _____	2. _____

Employer: _____ Phone: _____

Primary Insurance: _____
Policy # _____ Group# _____ Co-pay amount: \$ _____
Deductible amount: \$ _____ Effective Date: _____ Exp. Date: _____
Address of Insurance Co: _____
Name of Insured: _____ DOB: ___/___/___
Relationship to Patient: _____

Secondary Insurance: _____

Policy # _____ Group# _____ Co-pay amount: \$ _____

Deductible amount: \$ _____ Effective Date: _____ Exp. Date: _____

Address of Insurance Co: _____

Name of Insured: _____ DOB: ___/___/___

Relationship to Patient: _____

I certify that I, and/or my dependent(s), have insurance coverage with the above named insurance and assign directly to Oregon Family Health all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of Patient/Guardian

Date