Raman Verma, M.D.
Internal Medicine -Acupuncture
5128 W. Cypress Avenue
Visalia, Ca. 93277 Tel. (559) 713-1111

Patient Information

Last Name: **First Name:** **MI:**

Home Address:

Home Phone: **Work Phone:** **Cell Phone:**

Date of Birth: **Sex:** **Marital Status:**

Social Security Number: _____ **Email Address:** _____

Employer:

Primary Language: ☐ **English** ☐ **Spanish** ☐ **Other**

Race: *Please select one*

☐ American Indian or Alaska Native
☐ Black or African American
☐ Other Race: _____
☐ White
☐ Hispanic
☐ Refuse to Report
☐ Asian
☐ Native Hawaiian

Ethnicity: *Please select one*

☐ Hispanic ☐ Non-Hispanic ☐ Refuse to Report

Insurance Information

Insurance Name:
Subscriber Number:
Group Number:
Insurance Address:
Subscriber:
Subscriber's Name:
Subscriber's Social Security Number:

Secondary Information

Insurance Name:
Subscriber Number:
Group Number:
Insurance Address:
Subscriber:
Subscriber's Name:
Subscriber's Social Security Number:

Medical Information

Pharmacy:_____ **Phone:**_____

Emergency Contact:_____ **Phone:**_____ **Relation:**_____

Who is financially responsible for this bill?_____

Authorization

I authorize the release of medical information necessary to process medical benefits and I authorize payment of medical benefits to Raman Verma, M.D. for services by his office.

Signed _____ Date: _____