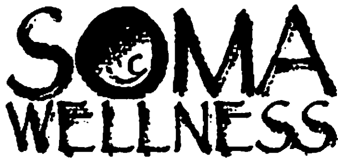

A Center for Extraordinary Health

3333 Denali Street Suite 150
Anchorage, Ak 99502
Phone 907-563-SOMA (7662)
Fax 907-562-SOMA (7662)
www.SomaWellnessAk.com

PATIENT:____________________ DOB:________ Age:______
Last Name First Name Initial

Home Phone:__________ Work Phone:__________ Cell Phone:__________

Mailing Address:__________ City:________ State:_____ Zip:______

Street Address:__________ City________ State:_____ Zip:______

E-Mail Address:__________ Social Security #__________

Occupation:____________________

Employer ____________________

Sex: M F Marital Status: Single Married Partner Widow/er Separated Divorced

Partner's Name:__________

Responsible Party: __________ DOB:________ SS#__________

Employer:__________ Home Phone:__________

Address:__________ Work Phone:__________

Primary Insurance:____________________

Address:____________________

Subscriber Name:__________ DOB:________ SS#__________

Subscriber ID #:__________ Group #:__________

Secondary Insurance:____________________

Address:____________________

Subscriber Name:__________ DOB:________ SS#__________

Subscriber ID #:__________ Group #:__________

Emergency Contact:__________ Relationship:__________

Phone:__________ Address:__________

Referred By: Friend/Co-worker__________ Relative__________ Other__________

Health Care Provider__________ Yellow Pages (which one)__________

Release, Assignment and Statement of Responsibility

I authorize release of any information necessary to process my insurance claims and assign and request payment directly to the provider(s). I understand that I may revoke this consent at anytime in writing to this office. I further understand that I am responsible for payment for all products and services rendered to me or any patient for which I am the guarantor of payment.

X Date

Notice of Privacy Practices

Acknowledgement of Receipt of Notice of Privacy Practices

I, ____________________, acknowledge and agree that I have reviewed a copy of Soma Wellness Notice of Privacy Practices made available to me. I acknowledge that I may request a copy of the notice at any time.

X Date