

EMPLOYEE INFORMATION

First Name: _____ Last Name: _____ Suffix: _____

SSN: _____ - _____ - _____ Home Phone: _____ Cell Phone: _____

Middle Name: _____ Email Address: _____

Provide your email and receive specials, health topics, & more!

Date of Birth ____/____/____ Sex at Birth: M F Other Marital Status: Married Single

Mailing Address: _____ City/State/Zip Code: _____

Address 2: _____

What is your preferred method of communication? Cell Phone Home Phone Email Mail

Race: _____ Preferred Language: _____ Hispanic/Latino: YES NO

How did you hear Drive By Insurance Doctor (Referring Physician/Hospital: _____)

hear about us? Employer Friend/Family Hotel Internet Instagram Facebook

First Aid Station/Event (Please specify): _____)

Preferred Pharmacy City: _____ Preferred Pharmacy Zip Code: _____

EMERGENCY CONTACT

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

METHOD OF PAYMENT

My method of payment today will be at the responsibility of: Self-Pay Employer

REASON FOR VISIT TODAY

Pre-employment Post-accident Return-to-duty Random Job Change Reasonable Cause

Other: _____

EMPLOYER INFORMATION

Company Name: _____

Contact Person: _____ Phone Number: _____

I certify that the information provided is correct to the best of my knowledge. I will not hold Urgent Care Hawaii, LLC, its health providers, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

I understand that any results pertaining to services paid by my employer/future employer may be requested. I understand that I may be contacted by URGENT CARE HAWAII's billing department, acting on behalf of Urgent Care Hawaii regarding any financial responsibilities should my employer/future employer forfeit to pay for these services. Any payment issues are directly between myself and my employer/future employer. I understand that if I am a self-pay employee that I must pay for these services at my time of visit.

By signing below I am agreeing to the terms as mentioned above.

Employee Signature: _____ Date: _____