



Interventional Pain & Spine Specialist

Gary L. Koehn, M.D., Ph.D
Farooq A. Khan, M.D.

Last Name:
First Name:
Address:
City: State: Zip:
Home Phone:
Cell Phone:
Email Address:
Date of Birth: SS#:

Gender: Female Male

Race: African American
Amer/Alaska Indian
Native Hawaiian
Pac Islander
Caucasion/White
Other
Declined

Ethnicity: Hispanic, Latino
Not Hispanic

Marital Status: Single
Seperated
Married
Widowed
Divorced

Primary Care Provider:
Patient Employer:

Emergency Contact:
Relationship:
Emergency Contact Phone:

Insurance Information

Primary Insurance:
Subscriber:
Subscriber Date of Birth:
Policy/ Member ID:
Group Number:

Secondary Insurance:
Subscriber:
Subscriber Date of Birth:
Policy/ Member ID:
Group Number:

- 1. Copayments for services are due at the time of the service
2. You are responsible for securing your HMO referral and are required to present it at the time of service
3. I hereby authorize the physician to release any and all information necessary concerning my diagnosis and treatment for the purposes of securing payment from my insurance company and thereby authorize payment of the insurance benefits directly to the physician for any services rendered.

SIGNATURE:
DATE: