Dr. Clark W. Brazil, M.D.
Diplomate American Board of Surgery, Diplomate American Board of Phlebology
Registered Physician in Vascular Interpretation, Registered Diagnostic Medical Sonographer
Vascular Center of Wichita Falls—Accredited, Intersocietal Accreditation Commission
1508 Tenth Street, Wichita Falls, TX 76301 940-322-6671
http://vascularcenterwf.com

ACCOUNT & INSURANCE INFORMATION

Patient Name *(Print)*: First __________________Middle Initial ____ Last ______________________

Date of Birth __________________ Age _____ Social Security Number ______________________

Phone Number with Area Code __________________________ Cell: __________________________

Mailing Address _______________________ City/State _______________________ Zip __________

E-mail Address (optional)________________________ Marital Status M D S W (circle one)

Patient's Employer _______________________Address _____________________________________

Employer Phone _____________________ Occupation _____________________________________

Spouse Name _______________________________ Spouse's Employer _______________________

Referring Physician __________________________ Family Physician ________________________

INSURANCE INFORMATION

Name of Insurance Co _________________________ Insurance ID ___________________________

Policyholder's Name ______________________________SS# _______________________________

Policyholder's Place of Employment:________________________ Phone ______________________

Employer's Address __________________________City/State/Zip ____________________________

Medicare Number______________________ Supplement Insurance Co ______________________

Patient's Signature ____Date _______________________

"<u>Medicare Patients Only</u>: By signing your signature above this will permit a copy to be used in place of the original and request payment of medical insurance benefits to Dr. Clark Brazil, M.D. who accepts medicare assignment"