

M. Cole Johnson, D.O.
Merrick Reynolds, PA-C
526 Shoup Ave. West Suite D, Twin Falls, Idaho 83301
Phone 208-733-1112 Fax 208-732-1212

Patient Information

Legal Name _____
 First MI Last

Sex: M F DOB _____

Preferred language _____

SS # _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

email address _____

Preferred Pharmacy _____

Marital Status (Please circle one): S M W D

Race (please circle one): American Indian or Alaskan Native Asian White

Black or African American Hispanic Native Hawaiian or other Pacific Islander

Other Race Other Pacific Islander Unreported/refuse to report

Ethnicity (Please circle one): Hispanic or Latino

Not Hispanic or Latino Refuse to report

Employer _____

Patient Occupation _____

Employer Address _____

City _____ State _____ Zip _____

Employer Phone _____

If Patient is a Minor

Mother's Legal Name _____
 First MI Last

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Employer _____

Employer Phone _____

SS # _____ DOB _____

Father's Legal Name _____
 First MI Last

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Employer _____

Employer Phone _____

SS# _____ DOB _____

Spouse

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Emergency Contact

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Relationship to Patient _____

Primary Insurance

Primary Insurance _____

Policy ID# _____ Group# _____

Subscriber Name _____ Relationship to Patient _____
First MI Last

Subscriber Address _____ City _____ State _____ Zip _____

Phone _____

Subscriber SS# _____ Subscriber DOB _____

Secondary Insurance

Insurance Name _____

Policy ID# _____ Group# _____

Subscriber Name _____ Relationship to Patient _____
First MI Last

Subscriber Address _____ City _____ State _____ Zip _____

Phone _____

Subscriber SS# _____ Subscriber DOB _____

I understand that the policy of Dr. M. Cole Johnson, D.O. and/or Merrick Reynolds, PA-C's office is; payment in full is required at the time of services for each visit for all patients who have not met their deductible or do not have insurance coverage, and that any and all payments are also required at the time of services.

I understand that I am financially responsible for the payment of medical charges incurred on my behalf at Dr. M. Cole Johnson, D.O. and/or Merrick Reynolds, PA-C's office, regardless of the third party/insurance coverage.

I consent to and authorize that Dr. M. Cole Johnson, D.O. and/or Merrick Reynolds, PA-C's office furnish medical information to any third party who may be responsible for payment of all or part of my charges incurred at Dr. M. Cole Johnson, D.O. and/or Merrick Reynolds, PA-C's office. I authorize my insurance company, or any responsible third party to pay benefits directly to Dr. M. Cole Johnson, D.O. and/or Merrick Reynolds, PA-C.

I understand that if Dr. M. Cole Johnson, D.O. and/or Merrick Reynolds, PA-C needs to send me to a specialist for care beyond his practice that records will need to be sent on my behalf in order for the specialist to treat me accordingly. Dr. M. Cole Johnson, D.O. and/or Merrick Reynolds, PA-C's will send over any pertinent information including office notes, labs, x-rays, medication lists, allergy lists, hospital records, ect.

By signing I verify that all the information I have filled out is correct to the best of my knowledge and that I have read and agree to comply with the above policies and information.

Signature of Patient _____ Date _____

Signature of Parent/Legal Guardian (if minor) _____ Date _____

Do you have advance directives in place (eg., living will, durable power of attorney etc.)? Yes No

If No, would you like information about advanced directives? Yes No

If Yes, which kind (pleases circle one): Living Will Physician Orders for Life Sustaining Treatment (POLST)

Durable power of attorney Health Proxy DNR

Full Code