



St. Clair Specialty Physicians

St. John Professional Building Two
22201 Moross, Suites 150, 170
Detroit, Mi 48236
(313) 886-8787

Shelby Crossing
45640 Schoenherr
Shelby Twp., MI 48315
(586) 247-4300

Macomb Office Building
11900 West 12 Mile, Suite 205
Warren, MI 48093
(586) 573-7100

Grosse Pointe Building
18000 East Warren
Detroit, MI 48224
(313) 884-4686

Farmington Hills Building
24333 Orchard Lake Rd., Suite D
Farmington Hills, MI 48336
(248) 426-0955

PATIENT DEMOGRAPHIC FORM

(Please Print)

Patient Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

Telephone #: (____) _____ Cell Phone #: (____) _____

Date of Birth: ____/____/____ Sex: Male Female S.S. #: ____ - ____ - ____

Marital Status: Married ____ Single ____ Divorced ____ Widowed ____

Employer Name: _____

Employer Phone #: (____) _____

Emergency Contact (Nearest Relative, outside of home)

Name: _____ Relationship: _____

Address: _____ Telephone #: (____) _____

ASSIGNMENT OF BENEFITS AUTHORIZATION FOR TREATMENT:

I hereby authorize treatment and authorize the provider of medical services to release information for these services to my insurance carrier for payment. I further authorize that benefits be made payable to the provider on my behalf or to myself. I understand that I am financially responsible for the charges not covered by my insurance carrier.

Patient or Authorized Representative

Date