



650 West Lincoln Trail Boulevard
Radcliff, KY 40160
Phone (270) 352-4601
Fax (270) 352-4600
www.radcliffurgentcare.com

Name (First, MI, Last) _____

Date of Birth: ___/___/___ Sex: M F SSN: _____

Address _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

E-Mail address for portal registration: _____

Marital Status: Single Married Widowed Divorced

Race: Caucasian African American Hispanic Other

Guarantor Information: Legal guardian of minor or self unless W/C or 3rd party

First, MI, Last name or name of company: _____

Relationship to patient: Self Mother Father Legal guardian Employer

DOB: ___/___/___ SSN: _____

Address: Same OR: _____

City: _____ State: _____ Zip: _____

Primary Insurance:

Policy name: _____

Sub SSN: _____

Policy number: _____

Relationship to Patient: _____

Subscriber: _____

Phone number: (____) _____ - _____

Sub:DOB: ___/___/___

Employers name: _____

Secondary Insurance:

Policy name: _____

Sub SSN: _____

Policy number: _____

Relationship to Patient: _____

Subscriber: _____

Phone number: (____) _____ - _____

Sub:DOB: ___/___/___

Employers Name: _____

LET US KNOW IF THIS IS A WORKER'S COMPENSATION CLAIM OR MOTOR VEHICLE ACCIDENT