

NEW CLIENT INFORMATION

www.GreenwichMedicine.com

Dr. Spoonamore accepts debit and credit cards (American Express, MasterCard) in addition to cash and personal checks. Debit cards will only be accepted if requisite funds are available. This arrangement will simplify the transaction process. **All patients** are required to complete the information below.

Here are the following steps you will need to complete to expedite this process.

Billing Information

Today's Date: _____/_____/_____

First name _____ M.I. _____ Last name _____

DOB _____ SS# _____ - _____ - _____

Address _____

City _____ State _____ Zip code _____

Email _____ Ok to use? Y / N

Cell _____ Work Phone _____ Home Phone _____

Occupation _____ Employer(name of school if student) _____

Emergency Contact information

Name _____ Relationship _____

Emergency contact number _____ Emergency contact number _____

Email address _____

Credit / Debit card information

Type (Amex, MasterCard, Visa, Chase) _____

Card No. _____

Security code (CV#) _____

Expiration date (e.g. 03/15) _____

How did you hear about my services? _____

What is your reason for making an appointment? _____

PRINTED NAME: _____

SIGNATURE: _____ DATE _____