W. Brad Gates, M.D., P.A.
3108 Midway Rd, STE 105
Plano, TX 75093
(972) 801-9100

Demographics and Insurance Information

Patient Information

Name: ____

Address: ____

City, State, Zip: ____

Date of Birth: ______________ Social Security No.: __________________ Sex(circle): M F

Home Phone: _______________ Work Phone: __________________ Cell Phone: _____________

Email Address: ______________________________ Employer: ____________________________

Marital Status (circle): Single Married Divorced Widowed Other ____________

Emergency Contact: _________________________ Phone: ______________ Relationship: ________

Primary Insurance

Do you have health insurance? Yes ( ) No ( )

Name: ____

Address: ____

City, State, Zip: ____________________________ Phone: ________________________

Insured ID: ______________________________ Group No.: ____________________

Primary Policyholder ( ) same as patient

Name: ____

Address: ____

City, State, Zip: ____

Date of Birth: ______________ Social Security No.: __________________ Sex (circle): M F

Home Phone: _______________ Work Phone: __________________ Cell Phone: _____________

Employer: _________________________

Guarantor (financially responsible party) ( ) same as patient

Name: ____

Address: ____

City, State, Zip: ____

Date of Birth: ______________ Social Security No.: __________________ Sex (circle): M F

Home Phone: _______________ Work Phone: __________________ Cell Phone: _____________

Employer: ________________________

Patient Signature ___________________________________ Date: ___________________

Guarantor Signature __________________________________ Date: ____________________