

Glenn E Hurst, MD, P.C.

Council Bluffs Office
201 Ridge St. #301
Council Bluffs, IA 51503

Minden Clinic
401 Broadway Street
Minden, IA 51553

Phone: (712) 407-2086

Fax: (712) 407-2087

Patient Registration

Patient Information

First Name: _____ MI: _____ Last Name: _____

Birth Date: _____ SSN: ____ - ____ - ____ Sex: M F

E-mail Address: _____ Marital Status: S M W D

Address: _____ City: _____ State: _____

Zip: _____ Primary Phone: _____ Emergency Phone: _____

Financial Information:

Primary Insurance: _____ Secondary Insurance: _____ N/A

Name of Primary Insurance Holder: _____

SSN: ____ - ____ - ____ Birth Date: _____

Name of Secondary Insurance Holder: _____

SSN: ____ - ____ - ____ Birth Date: _____

Primary Method of Payment: Cash Credit Card Check

I give permission for my child to receive a flu vaccine today in my absence.

Patient Signature: _____ Date: _____

** Failure to meet the co-pay obligations at the time of service, as required by your insurance carrier, will result in a \$10.00 co-pay rebilling fee.*

*** I understand that by signing this form I agree that I am financially responsible for any balance incurred for services provided to me or my dependants. All past due balances will be charged a 1.5% service fee. All balances over 120 days old may be turned over to an outside collection agency.*