

PAT T. TIDWELL MD
4554 EAST HIGHWAY 20, SUITE 100
NICEVILLE, FL 32578

Last Name First Name Middle Jr. Sr. III

Date of Birth Gender Social Security Number Driver's license # and state Single, Married, or Other

Street Address

City State Zip

Home Phone Cell Phone Work Phone Contact Preference

Email Address Preferred Pharmacy Employer Name

Race Ethnicity Language Preference

Name of Spouse or Parent DOB SSN Dr. Lic./State if parent

Person financially responsible for this account Relationship to patient

Nearest relative or friend not living with you Relationship Phone number

Primary Insurance Plan Ins. ID number Group Number

Copay/Deductible/Co-Ins. Subscriber Name DOB Relationship

Secondary Insurance Plan Ins. ID number Group Number

Copay/Deductible/Co-Ins. Subscriber Name DOB Relationship

How did you hear about us? Advertisement Doctor _____ Other _____ Patient _____ Yellow Pgs

I understand that I am responsible for all charges, regardless of insurance coverage.

Patient, Parent, or Guardian Signature _____ Date _____