

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT LEGIBLY)

Date: 02/22/2018 Are you an AUM Student? Yes ☒ No ☐ S-Number: _____

Name: Larissa Benz Birthdate: 03/05/1964

Main Phone Number: 334-221-2992 Alternate Phone Number: _____

Local Mailing Address: 402 Cotton Blossom Box or APT #: _____

City: Millbrook State: AL Zip Code: 36054

Permanent/Home Address: _____ Box or APT #: _____

City: _____ State: _____ Zip Code: _____

Marital Status (Please Circle): Single ☐ Married ☒ Divorced ☐ Widowed ☐ Other: _____

Sex (Please Circle): Male ☐ Female ☒ Gender: Male Female

Primary Physician: Dr. Lucious Freeman City: Prattville Phone #: _____

Patient's Employer: AUM Work Phone #: _____

Parent's or Spouse's Name (Circle which): W. Halcy Benz Phone #: 334-220-5794

Parent's or Spouse's Employer: Air Force Phone #: _____

Emergency Contact: — Relationship: _____ Phone #: _____

How did you hear about the clinic (Circle which): Friend ☐ Faculty/Staff ☐ Orientation ☐ Other: _____

INSURANCE INFORMATION

Do you have health insurance? Yes ☒ NO ☐

If yes, please give your card to the front desk in order for a copy to be made for your chart.

Insurance Company: BCBS Name on Card: Larissa Benz

Policy or Contract Number: PGX 819360021 Group Number: 91005

Insurance Company's Address: 450 Riverchase Pkwy E
Birmingham, AL 35244