



River Health & Wellness

Tanecia Webster, A.N.P.

Legal Name: _____
Last First Middle

Name used: _____ Previous Name(s): _____

Gender: Male Female Date of Birth: _____

Social Security Number: _____

Mailing Address: _____

City State Zip Code

Physical Address: _____

Home Phone: _____ OK to leave a message? Brief Extended No

Mobile Phone: _____ Consent to text? Yes No

Work Phone: _____ Email: _____

Language: English

Spanish

Russian

Other:

Ethnicity: Hispanic or Latino

Not Hispanic or Latino

Decline

Race: Asian

American Indian / Alaskan Native

Native Hawaiian/ Pacific Islander

Black or African American

White

Hispanic

Other Race

Decline

Marital Status: Married Single Divorced Separated Widowed Partner

Sexual Orientation: Heterosexual Homosexual Bisexual Other: _____

How Did you hear about us? Advertising Specialist Physician Word of Mouth

Patient in the Practice Insurance Company Other: _____

I have received a copy of the practices privacy notice and financial policy:

X _____

Signature

35670 Kenai Spur Hwy, Suite 103A

Soldotna, Ak 99669

P:907.260.1655

F:980.495.8870



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Consent for automated reminder calls and texts? Yes No

Consent to obtain medication history from pharmacy benefit managers? Yes No

Emergency Contact: _____ Relationship: _____ Phone: _____

Next of Kin: _____ Relationship: _____ Phone: _____

Employer: _____ Employer Phone: _____ Occupation: _____

Guardian: _____

Guarantor: _____ Guarantor DOB: _____

Guarantor Mailing Address: _____

Patients Relationship to Guarantor: _____

Guarantor SSN: _____ Guarantor Phone: _____ Guarantor Email: _____

Primary Insurance Information

Person Responsible for bill: _____

Primary Insurance: _____

Subscriber/Member ID: _____ Policy/Group Number: _____

Subscriber Name/relationship _____ Subscriber Date of Birth: _____

Secondary Insurance

Secondary Insurance: _____

Subscriber/Member ID: _____ Policy/Group Number: _____

Subscriber Name/relationship _____ Subscriber Date of Birth: _____

Preferred Pharmacy: _____

I verify that the above information is correct:

Signature

Date

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