



Mary Louder, DO/Cairn Medical Group
2595 Canyon Blvd, STE 220, Boulder, CO 80302
PH 303-722-9000 Fax 1-844-800-1478

Name: _____

Date of Birth: _____

Social Security #: _____

Street Address: _____ City, State, ZIP: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____

Insurance Company: _____

Policy: _____ Group: _____

Insurance ID: _____

Policy Holder: _____ DOB: _____

Patient Relationship to Policy Holder: _____

Address of Policy Holder: _____

SS # of Policy Holder: _____ Employer: _____

Insurance Company Address: _____

The above information is true to the best of my knowledge. I consent to the use and disclosure of my protected health information for treatment, payment and health care operations as described in this clinic's Notice of Privacy Practices. I authorize my insurance benefits be paid directly to Mary Louder, DO/Cairn Medical Group as indicated on the claim. I understand that I am financially responsible for all fees and balances, regardless of insurance coverage.

Patient/Guardian Signature

Date _____