Christopher Binette, M.D.
Hue Thai, M.D.

LAWNWOOD SURGICAL SPECIALISTS

A Specialists' Practice

VASCULAR SURGERY

2401 Frist Boulevard, Suite 4
Ft. Pierce, FL 34950
Phone: (772) 595-5302
Fax: (772) 595-5304

Patient's Legal Name:
Last: First: Middle Initial: Female Male

Mailing Address: City: State: Zip:

Street Address: City: State: Zip:

Home Phone (Include Area Code) ( )
Current Marital Status (Circle One) Single Married Divorced Widowed
Living Will? Yes No

Cell Phone Number (Include Area Code) ( )
Email Address:

Patient Date of Birth:
Patient Social Security Number:
Referring Physician:

Patient Employer:
Patient Work Phone (Include Area Code) ( )

Spouse's Name:
Spouse's Date of Birth:

Spouse's Social Security Number (If Insured Through Spouse)

Emergency Notification Name:
Emergency Notification Phone (Include Area Code) ( )

Name of Responsible Party for Payment (If Different From Patient)
Last: First: Middle Initial:

Responsible Party Relationship to Patient:
Responsible Party Home Phone (Include Area Code) ( )

Mailing Address: City: State: Zip:

Street Address: City: State: Zip:

POLICYHOLDER INFORMATION

(Information applies to person whose name the Insurance falls under)

***Primary* Insurance Company Name:** ____________________

Insured Name: ____________________ Date of Birth: ____________________

Social Security Number: ____________________ Policy or ID Number: ____________________

Employer: ____________________ Group Number: ____________________

Address for Claims: ____________________ State: __________ Zip: __________

POLICYHOLDER INFORMATION

(Information applies to person whose name the Insurance falls under

***Secondary* Insurance Company Name:** ____________________

Insured Name: ____________________ Date of Birth: ____________________

Social Security Number: ____________________ Policy or ID Number: ____________________

Employer: ____________________ Group Number: ____________________

Address for Claims: State: Zip: