

TODD A. MOFFATT, MD SURGERY
1000 W. Hwy 6 Suite 410 Waco, TX 76712

Patient Information Sheet

Patient's Name _____ DOB _____

Sex _____ Last SSN _____ First Middle Marital Status: Single/Married

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Pharmacy _____

Referring Physician _____ Phone _____

Family Physician _____ Phone _____

Guardian/Spouse's Name _____ DOB _____
SSN _____

Insurance Information (Please bring insurance card for copying)

Primary Insurance company _____

Policy # _____ Group # _____

Secondary Insurance Company _____

Policy # _____ Group# _____

All Services, when appropriate, are due and payable, at the time of service. You may pay by cash, check, or credit card. We are happy to file your insurance claims for your reimbursement.