



# Obesity Medicine & Metabolic Wellness Center New Patient Form



## West Branch

565 Progress St. Suite B  
West Branch, MI 48661

## Midland

901 E Indian St  
Midland, MI 48640

## Saginaw

33 Whitetail Creek Rd, Suite 3  
Saginaw, MI 48638



PH: (989) 941-3290



FX: (989) 488-4570



info@obesitymedicinemwc.org

Patient First Name\*

Patient Last Name\*

Phone\*

Birthday\*

Month

Day

Year

Address\*

City\*

State\*

Zip\*

Email\*

Sex

SSN

Marital Status

Employment Status\*

### Employment Information

Employer

Occupation

Employer Address

Work Phone

## Emergency Contact

Name

Relationship

Cell Phone

Alt Phone

## Pharmacy & Labs

Preferred Pharmacy

Preferred Lab

## Insurance

Primary Insurance \*

Subscriber ID/ Policy Number\*

Secondary Insurance

Subscriber ID/ Policy Number

How did you hear about us?\*

Preferred Location

☐

West Branch

☐

Midland

☐

Saginaw

## Financial Policy

Thank you for selecting Obesity Medicine & Metabolic Wellness Center for your healthcare needs. We are honored to be of service to you and your family. This is to inform you of our billing requirements and our financial policy.

Please be advised that payment for all services will be due at the time of services rendered, unless prior arrangements have been made. We accept some forms of insurance. Please discuss your insurance coverage with us. For your convenience, we accept Cash, Checks, Credit cards and HSA cards.

☐

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorneys fees etc.

☐

I have read and understand all of the above and have agreed to these statements.

Printed Name\*