



## Functional and Integrative Medicine of McCall

### PATIENT INFORMATION

First Name: _____	Last Name: _____	
Middle Name: _____	Preferred Name: _____	
Social Security: _____ - _____ - _____	Birthdate: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address: _____	City: _____ State: _____ Zip: _____	
Phone #1:( ____ ) _____ - _____	Type: _____ Phone #2:( ____ ) _____ - _____	Type: _____
Email: _____ (We do not share your email outside of our office.)		
Place of Birth: _____	City: _____ State: _____ Country: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed Spouse's Name: _____		
Employer: _____	Occupation: _____	
Work Phone: ( ____ ) _____ - _____		
Emergency Contact: _____	Relation to Patient: _____	
Phone #1:( ____ ) _____ - _____	Type: _____ Phone #2:( ____ ) _____ - _____	Type: _____
Insurance: _____	Effective Date: _____	
ID#: _____	Group#: _____	
Subscriber: <input type="checkbox"/> Self or _____	Relation: _____	
Subscriber's DOB: _____ / ____ / ____	Copay: _____ Deductible: _____	

\*\*I am in network with the following insurances: (Please visit [fimmccall.com](http://fimmccall.com) or ask about current information)

- |   |                                      |
|---|--------------------------------------|
| - Ameriben (Certain plans)  | - Providence (Certain plans)         |
| - Aetna (Certain plans)   | - Regence Blue Shield of Idaho       |
| - Mountain Health Co-Op (except <i>Axis</i> plans)                      | -Independent Doctors of Idaho (IDID) |
| - Blue Cross  | -Blue Shield                         |
| - Blue Cross of Idaho (except <i>Micron &amp; Connected Care</i> plans) |                                      |

I **highly** recommend that you check with your specific plan, regardless of your insurance, to make sure you are in network with my office (Functional and Integrative Medicine of McCall, Dr. Eberharter Rankin)