



Medical Gardens Plaza
 3813 22nd St. Suite E
 Lubbock, TX 79410
 806-792-8922

Dr. Bachar Al-Alami, MD PA
 Pediatric and Adolescent Medicine

PATIENT INFORMATION: Referred by: _____ Acct#: _____ Date: _____
 Last Name: _____ First Name: _____ Middle: _____
 Street Address: _____ City: _____ State/Zip _____
 Date of Birth: _____ Age: _____ SS# _____ Sex (M/F) _____ Home#: _____

RESPONSIBLE PARTY: _____ SS# _____ DOB: _____
 Address: _____ City: _____ State/Zip _____
 Home#: _____ Work #: _____ Cell#: _____ Marital Status: S M D W
 Employer Name and Address: _____
 Spouse Name: _____ DOB _____ Relationship to child _____ SS# _____ Sex (M/F) _____
 Address: _____ City: _____ State/Zip _____ Work#: _____

Emergency Contact: not living with you

Name: _____ Relationship: _____ Home#: _____ Cell#: _____ Work#: _____

Circle Appropriate Pryor: Private Pay Commercial PPO/HMO BC/BS MEDICAID

Primary Insurance Co. Name: _____ Co-pay amount: \$ _____

Ins Co Address: _____ Phone#: _____

Insured member: _____ Relationship to patient: _____

SS#: _____ Policy#: _____ Group#: _____

Do you have a secondary insurance? Y / N If so, please give info same as above

Other children:

Name: _____ Sex (M/F) _____ DOB _____ SS# _____

Name: _____ Sex (M/F) _____ DOB _____ SS# _____

Name: _____ Sex (M/F) _____ DOB _____ SS# _____

Name: _____ Sex (M/F) _____ DOB _____ SS# _____

Name: _____ Sex (M/F) _____ DOB _____ SS# _____