



# Obesity Medicine & Metabolic Wellness Center



## New Patient Form

### West Branch

3217 West M-76 Suite D  
West Branch, MI 48661  
PH: (989) 607-9961  
FX: (989) 846-4650

### Midland

901 E Indian St  
Midland, MI 48640  
PH: (989) 941-3290  
FX: (989) 488-4570

### Saginaw

33 Whitetail Creek Rd, Suite 3  
Saginaw, MI 48638  
PH: (989) 270-1325  
FX: (989) 204-4816

Patient First Name \*

Patient Last Name \*

Phone \*

Birthday \*

Month	Day	Year
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City \*

State \*

Zip \*

Email \*

Sex

SSN

Exmp 1234567890

Marital Status

### Employment Information

Employment Status \*

Employer

Occupation

Employer Address

Work Phone

## Emergency Contact

Name

Relationship

Cell Phone

Alt Phone

## Pharmacy & Labs

Preferred Pharmacy

Leave blank if no preference

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 \*