Bradley D. Bilton, MD, FACS
James M. Corder, MD
D. Charles Gross, MD, FACS
Quinton D. Matthews, MD
Lee Thomas, MD, FACS

701 University Boulevard East
DCH Medical Tower, Suite 606
Tuscaloosa, Alabama 35401

Date: _____ ***Primary Care Physician***: _____ ***Referring Physician***: _____

Name: _____ ***DOB***: _____ Age:_____

Mailing Address: _____ ***City/State/Zip***: _____

Telephone: Home: _____ Cell: _____ Work: _____

Social Security Number: _____ Marital Status: _____ Male/Female

Place of Employment: _____ Workers Comp Injury: Yes / No

If you are minor, Person Responsible for Account:

Name: _____ Date of Birth: _____

Mailing Address, if different from above: _____

Primary Insurance Information:

Name of Insurance: _____ Contract Number: _____

Name on Card: _____ ***Date of Birth***: _____ Group Number: _____

Secondary Insurance Information:

Name of Insurance: _____ Contract Number: _____

Name on Card: _____ ***Date of Birth***: _____ Group Number: _____

Privacy Act

It is the responsibility of the patient to notify this office of any changes of personal/medical information. If changes occur, the patient must file Authorization for Release Information with Drs. Bilton, Gross, Corder, Thomas and/or Matthews. Please understand that it may be necessary for us to disclose some of all of the information contained in your medical records to other physicians, nurses and/or healthcare providers to assist us in assessing a patient's condition, screening for potential problems, or providing consultation under certain circumstances. You can be assured that those professional health care providers will maintain your confidentiality. It is also necessary at times for us to disclose information regarding your care to healthcare agencies (both private and government), to your insurance company and/or employer. The only information going to your employer will require a signature from you unless it is for worker's compensation injuries.