

Harmony Family Health

Daniel J. Chartrand, MD

Tel: 972-542-9142
Fax: 972-542-9306
www.harmonyfamilyhealth.com

302 South Tennessee St.
McKinney, TX 75069

New Patient Information

Name: _____ Date of Birth*: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt Phone: _____

E-Mail Address: _____

How did you hear about our office?: _____

*If patient is a minor, please
include parent(s)' names:

**Current
Medications**

**Past Medical
History**

**Immediate Family
History**

Reason for today's visit: _____

Prior Surgeries: _____

Allergies to Medication: _____

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Insurance Claims Information

Patient Information:

Name: _____

Patient Status (Check all that apply): Single ___ Married ___ Other ___

Employed ___ Full-time Student ___ Part-time Student ___ Other ___

Patient Relationship to Primary Insurance Holder (Check one)

Self ___ Spouse ___ Child ___ Other ___

Primary Insurance Holder Information: (If different than patient)

Name: _____

Date of Birth: _____ Sex: M ___ F ___

Address: _____

Telephone: _____

Insurance Card Information (please print clearly)

Insurance Company Name: _____

ID Number: _____

Policy or Group Number: _____

Claims

Address: _____

I authorize the office of Dr. Daniel J. Chartrand to file my insurance claims electronically and to release any medical or other information necessary to file these claims.

I understand that I am responsible for any payments to Harmony Family Health at the time of service. Insurance reimbursement rates are dependent upon my insurance plan for out-of-network providers. Any payments from my insurance company will be directed to me.

Primary Insurance Holder's Signature: _____

Date: _____