Stacey J. Kruger, M.D. & Associates, P.A.
9035 Sunset Drive, Suite 203
Miami, FL 33173
(305) 965-5781

Patient Information

NAME (Last, First, Middle)____

BIRTH DATE_______________________ Sex_____ SS#______________________________

ADDRESS______________________________________

ADDRESS______________________________________

CITY________________________ STATE________ZIP__________ PHONE_____________________

Guarantor Information (If patient is less than 18 years)

NAME (Last, First, Middle)____

BIRTH DATE__________________________ Sex_____ SS#______________________________

ADDRESS______________________________________

ADDRESS______________________________________

CITY________________________ STATE________ZIP__________

Home Phone___________________ Work Phone_________________ Cell_____________________

Relationship to Patient______________________________________

Primary Insurance

COMPANY____POLICY #___________________________

Name of Insured_________________________________ Group #______________________________

ADDRESS______________________________________ Copay Amt. __________________________

ADDRESS______________________________________ Deductible____________________________

Relationship to Patient______________________________________

Effective Date____________________________ Expiration Date________________________

PEDIATRICIAN/PRIMARY CARE PHYSICIAN

NAME____