



2131 N Ridge Road, Wichita, KS 67212
Phone: 316-773-1212 Fax: 316-440-6601

New Patient Request Form

Please submit this form **with a front and back copy of your insurance card(s)** by email to info@newmed.pro

Today's Date:			
Full Name		Date of Birth	
Street Address			
City, State, Zip Code			
Home Phone		Cell Phone	
Email address (required):			
Responsible Party's Name, if patient is a minor		Relationship	

Self-Pay: <input type="checkbox"/> YES <input type="checkbox"/> NO, I have insurance. Complete the information below and include a front and back copy of your insurance card(s)			
Primary Insurance Co.			
Claim Address			
ID Number		Group Number	
Subscriber's Name		Date of Birth	
Secondary Insurance Co.			
Claim Address			
ID Number		Group Number	
Subscriber's Name		Date of Birth	

Who are you requesting to see at our clinic?	
Reason for Appointment/ Current Health Concerns:	
<i>New Medical Health Care is a primary care clinic. We cannot effectively coordinate care if you receive treatment from another PCP outside of our clinic. All requests are subject for review of the Kansas Prescription Drug Monitoring Program (K-TRACS).</i>	

Comments/Questions:	

Office use only	



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