



Gerald J Conezio, MD  
internal medicine  
(585) 924-7667

1331 East Victor Road  
Victor, NY 14564  
info@VictorHealthyLiving.com

## INSURANCE & REGISTRATION INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
last first mi

Address: \_\_\_\_\_  
Street address city state zip code

Gender:  Male  Female Marital Status:  Single  Married  Divorced/Separated

Social Security Number: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Employer \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

### INSURANCE INFORMATION

Policy Holder: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Policy Holder's SS Number: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I understand that Victor Healthy Living will bill my insurance company for this visit. I also understand that I am financially responsible for any deductible, copayment, or other costs that are not covered by my insurance company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_