



# Annual Update \*required info

Last name\*: \_\_\_\_\_ First name\*: \_\_\_\_\_ MI\*: \_\_\_\_\_

Preferred name (if different than above): \_\_\_\_\_ Date of birth\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Primary phone\*: \_\_\_\_\_  Home  Cell/mobile  Work

Secondary phone: \_\_\_\_\_  Home  Cell/mobile  Work

Email address\*: \_\_\_\_\_

Do you have **Medicaid (Health First Colorado)** as a **PRIMARY** or **SECONDARY** insurance?\*  Yes  No

*Westminster Medical Clinic is NOT a Medicaid Provider, and CANNOT see patients. Per State Law, Westminster Medical Clinic cannot accept cash payments for services from Medicaid members.*

**PRIMARY INSURANCE\***: \_\_\_\_\_

Is the patient the subscriber or primary policyholder?  Yes  No *\*If no, please provide below information*

Subscriber last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Address (if different than patient): \_\_\_\_\_ Apt/unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

**SECONDARY INSURANCE\***: \_\_\_\_\_

Is the patient the subscriber or primary policyholder?  Yes  No *\*If no, please provide below information*

Subscriber last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Address (if different than patient): \_\_\_\_\_ Apt/unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Patient Name (Print)\*: \_\_\_\_\_

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