

Received _____
Receipt _____
ID# _____

LifeStyle

Enrollment Form

Exp. _____

Mr./Mrs./Ms. _____

First Name *Middle Name* *Maiden Name* *Last Name*

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____

Social Security Number _____ Place of Employment _____

How do you wish to be addressed in our mailings to you? _____

Date of Birth ____ / ____ / ____ Sex _____ Married Widowed Single

Spouse's Name _____ Spouse's Date of Birth ____ / ____ / ____

Religion _____ Physician's Name _____

Medicare Number _____ Name as Shown on Medicare Card _____

Name of Insurance Co. _____ Contract No. _____ Group Yes No

Name of Insurance Co. _____ Contract No. _____ Group Yes No

How did you hear about *LifeStyle*? _____

Have you ever received treatment at Decatur General? Yes No

Emergency Contact _____

Name

Address

Home Phone

Work Phone

Relation

Spouse's Place of Employment _____

Spouse's Insurance Co. _____ Contract No. _____ Group Yes No

Comments _____