Activity #2 **Score:** **/10**

Patient Record Worksheet - Admitting Clerk Occupation
Fill out the following information. *You should make up the information.

Utah Hospital
PATIENT RECORD

LAST NAME FIRST NAME MIDDLE INITIAL

BIRTHDATE GENDER HOME PHONE
M ☐ F ☐

ADDRESS CITY STATE ZIP CODE

PATIENT'S OCCUPATION* NAME OF COMPANY*

PARENT or SPOUSE OCCUPATION NAME OF COMPANY *

Parent ☐ Spouse ☐

NAME OF INSURANCE GROUP (Check One)*

Altius ☐ Educators ☐ POLICY NUMBER

Intermountain Health Care ☐ Blue Cross ☐ xx-xxx

Other ☐ Explain:

INSURANCE PAYMENTS (Check 1)* PATIENT PAYMENT

☐ $ 80% of the costs …….. $ 20% of the costs

☐ $ 70% of the costs …….. $ 30% of the costs

(Print and then sign this form)

PATIENT SIGNATURE DATE