ARUL DORAISWAMY, MD, APC
HEMET PAIN & WELLNESS INSTITUTE

1264 East Latham Ave, Hemet CA 92543
28975 Old Town Front Street Suite #200, Temecula CA 92590
Phone (951) 925-3600 • Fax (888) 491-6419

Patient Information

Name (Last, First, M.I.)_____

Address_____ ***Date of Birth*** _____ ***Age***_____ ***M/F***

City and State _____ ***Zip*** _____

Phone#_____ ***Cell#*** _____ ***Marital Status: Single Married Divorced Widowed***

Email Address_____ ***Social Security#***_____

Emergency Contact (Not Living With You)_____ ***Phone #***_____

Referring Physician_____ ***Phone #***_____

Employer_____ ***Occupation***_____

Address_____ ***Phone #***_____

Insurance Information

Insurance Company_____ ***Customer Service#***_____

Billing Address_____ ***Prior Authorization#***_____

City and State_____ ***Zip***_____

Subscriber Name_____ ***Subscriber Date of Birth***_____

Insurance ID#_____ ***Subscriber Social Security#*** _____

Group/Account#_____ ***Effective Date***_____

Subscriber Employer_____ ***SubscriberPhone#***_____