

Hawai'i Pain Center

2226 Liliha Street, Suite 407, Honolulu, HI 96817

☎ 808-445-9172 📠 808-445-9182

Last Name _____ First Name _____ MI _____
Date-of-Birth _____ Last 4 of SSN _____
eMail _____
Address _____
City _____ State _____ Zip _____
Mobile Phone _____ Secondary Phone _____
Emergency Name _____ Relationship _____ Phone _____
Primary Care Physician _____
Referring Physician _____

Primary – Insurance Company Name _____
Policy # _____ Group # _____
Subscriber/Sponsor Name _____ Relationship _____
Subscriber/Sponsor Address _____
*Subscriber/Sponsor SSN _____
Subscriber/Sponsor Date of Birth _____

Secondary – Insurance Company Name _____
Policy # _____ Group # _____
Subscriber/Sponsor Name _____ Relationship _____
Subscriber/Sponsor Address _____
*Subscriber/Sponsor SSN _____
Subscriber/Sponsor Date of Birth _____

Workers Compensation / Auto / Personal Injury

Insurance Company Name _____
Claim Number _____ Date of Injury or Loss _____
Adjustor _____ Phone _____
Case Manager _____ Phone _____

***required to process claims for TRICARE, VA, and Medicare**