

Application for Services

The Miners Hospital and Clinic, University of Utah

SECTION I: Instructions for completing this form

To be considered for medical services through The Miners Hospital or Clinic, please complete this form and return to The Miners Hospital in the enclosed stamped addressed envelope or Fax to 801-585-0452. (Address is on last page of this form.)

PATIENT INFORMATION

<p>1. Name: _____ <small style="display: inline-block; width: 150px; text-align: center;">First</small> <small style="display: inline-block; width: 150px; text-align: center;">Middle Initial</small> <small style="display: inline-block; width: 150px; text-align: center;">Last</small></p>	<p>2. Today's Date <u> </u>/<u> </u>/<u> </u> <small style="display: inline-block; width: 100px; text-align: center;">MM/ DD / YY</small></p>
<p>3. Mailing Address: _____ <small style="display: inline-block; width: 200px; text-align: center;">Street 1</small> <small style="display: inline-block; width: 100px; text-align: center;">Apt #</small> <small style="display: inline-block; width: 150px; text-align: center;">City</small> <small style="display: inline-block; width: 100px; text-align: center;">State</small> <small style="display: inline-block; width: 100px; text-align: center;">Zip Code</small></p>	
<p>3.5 E-mail address: _____</p>	
<p>4. Telephone #: (____)____-____-____ <small style="display: inline-block; width: 100px; text-align: center;">Area code</small></p>	<p>4a. Home ____ Work ____ Cell ____</p>
<p>5. Alternative phone # (____)____-____-____ <small style="display: inline-block; width: 100px; text-align: center;">Area code</small></p>	<p>5a Home ____ Work ____ Cell ____</p>
<p>6. Date of Birth: ____/____/____ <small style="display: inline-block; width: 100px; text-align: center;">Month/ Day / Year</small></p>	<p>7. Patient Age: ____ Years 8. Patient's Sex: Male__a Female__b</p>
<p>9. Marital Status: Single __a Married __b Widowed __c Separated/Divorced __d</p>	
<p>10. Race: White ____ Black/African American ____ American Indian/Alaskan Native ____ Asian ____ Native Hawaiian/Other Pacific Islander ____ Multiracial ____ Other (specify)_____</p>	
<p>11. Ethnicity: Hispanic/Latino ____ Not Hispanic/Latino ____</p>	
<p>12. Social Security # ____-____-____-____</p>	
<p>13. What is your primary language? English __a Spanish __b Other (specify) _____</p>	

PERSON TO CONTACT IN CASE OF EMERGENCY

<p>1. Name: _____ <small style="display: inline-block; width: 150px; text-align: center;">First</small> <small style="display: inline-block; width: 150px; text-align: center;">Middle initial</small> <small style="display: inline-block; width: 150px; text-align: center;">Last</small></p>	
<p>2. Telephone #: (____)____-____-____ <small style="display: inline-block; width: 100px; text-align: center;">Area code</small></p>	<p>2a. Home ____ Work ____ Cell ____</p>
<p>3. Alternative phone # (____)____-____-____ <small style="display: inline-block; width: 100px; text-align: center;">Area code</small></p>	<p>3a. Home ____ Work ____ Cell ____</p>
<p>4. Address: _____ <small style="display: inline-block; width: 200px; text-align: center;">Street 1</small> <small style="display: inline-block; width: 100px; text-align: center;">Apt #</small> <small style="display: inline-block; width: 150px; text-align: center;">City</small> <small style="display: inline-block; width: 100px; text-align: center;">State</small> <small style="display: inline-block; width: 100px; text-align: center;">Zip Code</small></p>	

PATIENT'S RESIDENCE HISTORY

List applicant's Utah residences for a period of two years immediately prior to filing this application. If needed, attach separate sheet for additional residences lived in past two years.

1. Current street address (not post office box):

Street _____a Apt # _____b City _____c State: _____d Zip: _____e

From ____/____/____ f TO ____/____/____ g
MM DD Year MM DD Year

2. Previous address:

Street _____a Apt # _____b City _____c State: _____d Zip: _____e

From ____/____/____ f TO ____/____/____ g
MM DD Year MM DD Year

Comments:

PATIENT'S WORK HISTORY

1a. Are you currently working? _____1 No _____2 Yes

If Yes,

1b. What is your current job? _____

1c. Provide name, address and phone of your current employer:

Name: _____1 Phone: (____) _____2

Address _____3 City: _____4 State: _____5 Zip: _____6

2. What is your current employment status: (Check all that apply)

____a Employed full-time _____b Employed part-time _____c Self-employed

____d Retired _____e Student _____f Homemaker

____g Unemployed _____h Disabled

<p>3. Are you currently working as a miner?</p> <p>4. What year did you first start mining? (Consider any type of mining you performed)</p> <p>5. In what year did you stop mining?</p> <p>6. How many years in all have you worked in the mining industry? (Include all types of mining)</p>	<p>___ ₁No ___ ₂Yes</p> <p>___ ___ ___ Year</p> <p>___ ___ ___ Year</p> <p>___ Number of years</p>
<p>7. What general type of mine or mines have you worked (Mark all that apply)</p> <p>____a Underground mine</p> <p>____b Surface, open pit, strip mine</p> <p>____c Above ground work at an underground mine</p> <p>____d Smelter</p> <p>____e Mill</p> <p>____f Transportation work moving a mineral such as ore or coal from mine site</p> <p>_____g Other (specify)</p>	
<p>8. What did you mine? (Mark all that apply)</p>	
<p>____a Coal ____b Copper ____c Gold ____d Molybdenum</p> <p>____e Potash ____f Silver ____g Uranium</p> <p>_____h Other (Specify)</p>	

PATIENT'S MINING EMPLOYMENT HISTORY

List applicant's employment in Utah mines. For additional Utah mining employers, attach additional page.

1. **Mine Name:** _____ a. **Location:** City _____ b. State _____ c

Hire Date d: ___/___/___
 MM DD YYYY

Separation Date e: ___/___/___
 MM DD YYYY

Type of Mine f: ___1 Underground ___2 Surface, open pit, strip ___3 Above ground
 ___4 Smelter ___5 Mill ___6 Other (specify)

Type of Mining g: ___1 Coal ___2 Uranium ___3 Copper ___4 Potash
 ___5 Metal ___6 Other (specify)

List Job Title(s) and briefly describe work activities (Use one line per job title)h

- 1. _____
- 2. _____
- 3. _____
- 4. _____

2. **Mine Name:** _____ a. **Location:** City _____ b. State _____ c

Hire Date d: ___/___/___
 MM DD YYYY

Separation Date e: ___/___/___
 MM DD YYYY

Type of Mine f: ___1 Underground ___2 Surface, open pit, strip ___3 Above ground
 ___4 Smelter ___5 Mill ___6 Other (specify)

Type of Mining g: ___1 Coal ___2 Uranium ___3 Copper ___4 Potash
 ___5 Metal ___6 Other (specify)

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- 2. _____
- 3. _____
- 4. _____

1. **Mine Name:** _____ a. **Location:** City _____ b. State _____ c

Hire Date d: ___/___/___
 MM DD YYYY

Separation Date e: ___/___/___
 MM DD YYYY

Type of Mine f: ___1 Underground ___2 Surface, open pit, strip ___3 Above ground
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List Job Title(s) and briefly describe work activities (Use one line per job title)h

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2. _____
3. _____
4. _____

2. **Mine Name:** _____ a. **Location:** City _____ b. State _____ c

Hire Date d: ___/___/___
 MM DD YYYY

Separation Date e: ___/___/___
 MM DD YYYY

Type of Mine f: ___1 Underground ___2 Surface, open pit, strip ___3 Above ground
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Type of Mining g: ___1 Coal ___2 Uranium ___3 Copper ___4 Potash
 ___5 Metal ___6 Other (specify)

List Job Title(s) and briefly describe work activities (Use one line per job title)h

1. _____
2. _____
3. _____
4. _____

For additional Utah mining employers, attach additional page(s).

PATIENT STATEMENT

1. Why do you want to be seen in the Miner's Clinic?

2. Did your symptoms, illness, or injury for which you are seeking care begin while you were employed as a miner?

No ___₁ Yes ___₂ Not applicable ___₃

3. When did you first report your injury or illness to your employer?

___/___/___-___-___
MM/ DD YYYY

Did not report injury or illness ___

If you have documents that you provided to or received from the employer regarding your injury or illness, please bring to your appointment.

I hereby state that the information given herein is true and complete.

Responsible Party Signature

Date (MM/DD/YYYY)

INSURANCE INFORMATION

1. Do you currently have health insurance?

___₁ No ___₂ Yes

2. If YES, we must have the following information:

EITHER A)

- 1) Copy front AND back of insurance card(s).
- 2) Write the policy holder's birthday on copy.
- 3) If policy holder's name is not on card, please write it on copy.
- 4) Attach copy to this application and return.

OR B) Fill out information below:

Insurance Company:	
COMPLETE Billing Address:	
Policy Holder:	Date of Birth
Policy Number:	If Medicare: effective date(s)
Group Name	Group Number

Insurance Company:	
COMPLETE Billing Address:	
Policy Holder:	Date of Birth
Policy Number:	If Medicare: effective date(s)
Group Name	Group Number

PLEASE BRING YOUR INSURANCE CARDS WITH YOU TO YOUR APPOINTMENT

Please return the completed application to the address below **OR** FAX the completed form to 801-585-0452.

The Miners Hospital
University of Utah
Room 1B295
50 North Medical Drive
Salt Lake City, UT 84132