

WOMEN'S HEALTH SPECIALISTS

PATIENT INFORMATION

Account # _____

PLEASE PRINT

Patient Name _____
Last First Initial

Street Address _____ City _____ ST _____ Zip _____

Summer Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____

Email address _____ Drivers license # _____

Birthdate _____ Social Security # _____

Employer _____ Name of Spouse _____

Emergency Contact Name and Phone # _____

Federally Required Information: Primary Language: _____ Race: _____ Ethnicity: _____

Referred by: _____ Doctor _____ Friend _____ Family Member _____ Insurance Company
_____ Yellow Pages _____ Newspaper Ad _____ Radio Ad _____ TV ad

If patient is a minor: Parent name _____ Parent SS# _____

PRIMARY INSURANCE COMPANY: _____

Name of Insured: _____ Employer _____

SECONDARY INSURANCE COMPANY: _____

Name of Insured: _____ Employer _____

AUTHORIZATION AND RELEASE

- I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payors and/or other health care practitioners participating in my care.
- I authorize and request my insurance company to pay directly to Women's Health Specialists insurance benefits otherwise payable to me. I understand that the insurance company may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.
- I authorize any holder of medical or other information to release to the Social Security Administration and the Centers for Medicare and Medicaid services or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

X _____
Signature of patient (or parent if patient is a minor) Date