WOMEN'S OB/GYN CENTER

Last Name:____________________ First Name:__________________ MI:___________

Previous Last Name:________________ DOB:______/______/_____ SSN:_____-______-_____

Address:____

City, State, Zip:____

Home Phone:_______-_______-_______ Work Phone:_____-_____-_____ Cell Phone:_____-_______-_______

___Single ___Married ___Divorced ___Widowed ___Separated

Referred by:__________________________ Email:____________________________

Employer Name:____

Occupation:________________ Status: Full Time Part Time Retired Student

Religion:__________________ $30 charge for the completion of FMLA paper work must be paid in full prior to receiving completed paperwork.

Race:____________________

Emergency Contact:_________________________ Relationship:__________Phone:_____________________

Primary Insurance:_________________________ Phone:____________________

Id#:__________________________ Group#:_______________________

Employer Name:____

Insured Name/Policy Holder Name:____

SSN:_____________________________ DOB:______________________

Relationship to patient: SELF SPOUSE PARENT CHILD

Secondary Insurance:_________________________ Phone:____________________

Id#:______________________________ Group#:_____________________________

Employer Name:____

Insured Name/Policy Holder Name:____

SSN:_____________________________ DOB:______________________

Relationship to patient: SELF SPOUSE PARENT CHILD

Assignment & Release

- ✗ I understand I am responsible to Women's OB/GYN Center for the charges incurred by my dependants or myself.
- ✗ Returned checks will be asset a fee or turned over to District Attorney for prosecution
- ✗ I hereby authorize Women's OB/GYN Center to release any information requested by the above named Insurance Company or companies and their representatives for payment of all services rendered.
- ✗ I have received the notice of Privacy policies for Women's OB/GYN Center.
- ✗ I consent to have treatment provided to me by the physician of Women's OB/GYN Center
- ✗ Failure to provide correct information will result in charges being directly billed to you.

Signature:__________________________________ Date:___________________________________