

Health Central Women's Care, PA

Patient ID #:

Doctor:

Allocation Set:

Patient Information

Name: Social Security #: Sex: Date of Birth: []M []F

[]Married []Single []Divorced []Widowed [

Who referred you to our office: Name: Primary Care Physician: Patient ___ Physician

Current Billing Address

Street City, State, Zip , Home Phone Work Phone Cell Phone

Current Employer []Employed []Retired []Unemployed [X]Other Employer: Phone/Ext:

Spouse or Responsible Party Information

Name: Birthdate Social Security #

Address: City, State, Zip

Employer:

Phone:

Emergency Contact

Name: Relationship to the Patient: Phone:

Primary Insurance Information

Policy Holder Name: Policy Holder Birthdate Policy Holder SSN Relationship to Patient

Group # Effective Date: ID/Policy Number: Copay :

Insurance Company Name Phone # to Verify Benefits Phone for Customer Service Insurance Claims Address City, State, Zip

___HMO ___PPO ___EPO ___ POS

Secondary Insurance Information

Policy Holder Name: Policy Holder Birthdate Policy Holder SSN Relationship to Patient

Group # Effective Date: ID/Policy Number: Copay :

Insurance Company Name Phone # to Verify Benefits Phone for Customer Service

Insurance Claims Address City, State, Zip ___HMO ___PPO ___EPO ___ POS

Assignment of Benefits

I authorize Health Central Women's Care, PA to perform procedures and treatment including the administration of medicine and local anesthetics along with other surgical and medical procedures that may be necessary. I authorize the release of any medical information necessary to secure payment. I hereby assign all medical and/or surgical benefits to which I am entitled including major medical, Medicare, private insurance, and any other health plan to Health Central Womens Care, PA. This agreement will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance.

Patient/Legal Guardian Signature _____ Date _____