

HOW DID YOU HEAR ABOUT US?

Referring Doctor: _____

Address: _____

Phone: _____

PATIENT DEMOGRAPHICS AND BILLING INFORMATION

Patient Information

Last Name: _____ M. Initial _____ First: _____ DOB: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Soc. Sec. #: _____ Marital Status: M S D W

Ethnicity: American Indian/ Alaskan Native Asian Black/African American

Hispanic/Latino Native Hawaiian/Pacific Islander White/Caucasian Other: _____

Employer: _____ City: _____

Spouse/Partner (Emergency Contact)

Last Name: _____ M. Initial _____ First: _____ DOB: ___/___/___

Soc. Sec. #: _____ Phone #'s: Work: _____ Cell: _____

Ethnicity: American Indian/ Alaskan Native Asian Black/African American

Hispanic/Latino Native Hawaiian/Pacific Islander White/Caucasian Other: _____

Employer: _____ City: _____

Insurance

Primary: _____ Patient Spouse Parent

ID#: _____ Group #: _____

Primary Holder's Name: _____ Effect Date: _____ Copay \$ _____

Secondary: _____ Patient Spouse Parent

ID#: _____ Group #: _____

Primary Holder's Name: _____ Social Sec# : _____ DOB: _____

Patient E-mail Address: _____

Spouse/Partner E-Mail Address: _____

_____ I Consent to medical information being transmitted via email

I have reviewed and signed below regarding the following statement:

I authorize the release of my medical information to process this date or any medical claims for payment to Reproductive Gynecology, Inc. or RG Labs, LLC requesting payment be made directly to their office. I understand that I am responsible for any balance on my account, including any balance over 90 days that insurance has not paid for any reason. I agree to pay office visit co-pays at the time of service and prior to any procedures. RGI does make use of a collection agency that can electronically retrieve any NSF check remitted to RGI/RGL or take collection action on any outstanding balance over 150 days overdue.

Signed: _____ Printed: _____ Date: _____

Granting permission with above signature to leave messages/instructions on: Home answering machine Cell answering

with my spouse, _____ . Date: _____