

Patient Information

Name: _____ Birthdate: ____ / ____ / ____
Social Security Number: _____ Marital Status: _____ Sex: _____
Address: _____

Home Phone: (_____) - _____ Cell Phone: (_____) - _____
Work Phone: (_____) - _____
Occupation: _____ Email Address: _____

Insurance Information

Primary Insurance: _____
Subscriber Name: _____ Date of Birth: ____ / ____ / ____
Subscriber ID: _____
Secondary Insurance: _____
Subscriber Name: _____ Date of Birth: ____ / ____ / ____
Subscriber ID: _____

Emergency Contact

Please list the family member or significant other, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

Emergency Contact Name: _____ Phone Number: (_____) - _____
Relationship: _____

HIPAA Release of Authorization

Please list the family members or other persons, if any, whom we may inform about your general medical condition, diagnosis, treatment, payment and health care operations:

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

Pharmacy Information

Pharmacy Name: _____ Phone Number: (_____) - _____

Rx History Consent: I hereby authorize Jose M. Pavia, M.D. to obtain my previous prescription/medication history through external sources. _____ (initials)

The above information is complete and correct. I hereby authorize release of information necessary to file a claim with my insurance company. I assign benefits otherwise payable to me to Jose M. Pavia, MD. I understand that I am financially responsible for charges for medical services rendered regardless of insurance coverage. I also understand that I am responsible for any office visit copayment due at time of service and/or deductibles that may apply. If this account is assigned to an attorney for collection and/or suit, a copy of the signature is valid as the original.

Signature

Date

Print Name

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient Guardian or conservator of an incompetent patient