

LINCOLN PARK GYNECOLOGY/PELVIC REJUVENATION CENTER

PATIENT INFORMATION SHEET

PATIENT'S NAME - LAST		FIRST	MIDDLE	MAIDEN NAME		MARITAL STATUS				
						S	M	W	D	SEP
AGE	BIRTHDATE		SOCIAL SECURITY #			RACE	HOME PHONE			
STREET ADDRESS					CITY	STATE	ZIP CODE	CELL PHONE		
POST OFFICE BOX	CITY	STATE	ZIP CODE	EMAIL ADDRESS						
PATIENT'S EMPLOYER			OCCUPATION (INDICATE IF STUDENT)			HOW LONG EMPLOYED ?	BUSINESS PHONE #			
EMPLOYER'S STREET ADDRESS			CITY	STATE	ZIP CODE					
SPOUSE OR PARENT'S NAME			BIRTHDATE	SOCIAL SECURITY #		PHONE #				
SPOUSE OR PARENT'S ADDRESS			CITY	STATE	ZIP CODE					
SPOUSE OR PARENT'S EMPLOYER			OCCUPATION (INDICATE IF STUDENT)			HOW LONG EMPLOYED ?	EMPLOYEEER PHONE#			
EMPLOYER'S STREET ADDRESS			CITY	STATE	ZIP CODE					
EMERGENCY CONTACT (NOT RELATED)			PHONE #	NAME OF NEAREST RELATIVE			PHONE #			

DRUG ALLERGIES

PHARMACY NAME		LOCATION	PHONE #
REFERRING PHYSICIAN		FAMILY PHYSICIAN	PHONE #
REFERRING PHYSICIAN ADDRESS		PHONE #	FAMILY PHYSICIAN ADDRESS

FINANCIAL INFORMATION

PRIMARY INSURANCE		SECONDARY INSURANCE	
INSURANCE NAME		INSURANCE NAME	
FILING NUMBER		FILING NUMBER	
GROUP NUMBER		GROUP NUMBER	
SUBSCRIBER'S NAME		SUBSCRIBER'S NAME	
SUBSCRIBER'S BIRTHDATE	EFFECTIVE DATE	SUBSCRIBER'S BIRTHDATE	EFFECTIVE DATE
PATIENT'S RELATIONSHIP TO THE SUBSCRIBER		PATIENT'S RELATIONSHIP TO THE SUBSCRIBER	

All Professional Services rendered are charged to the patient. Necessary forms will be completed to help expedite Insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage. Payment is due for services when rendered unless other arrangements have been made in advance.

INSURANCE AUTHORIZATION AND ASSIGNMENT

I HEREBY AUTHORIZE LINCOLN PARK GYN. SC. TO FURNISH INFORMATION TO INSURANCE CARRIERS CONCERNING MY ILLNESS AND TREATMENTS AND I HEREBY ASSIGN TO THE PHYSICIAN(S) ALL PAYMENTS FOR MEDICAL SERVICES RENDERED TO MYSELF OR MY DEPENDENTS. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.

Date _____ Signature _____ How did you hear about us: _____