

SIERRA WOMEN'S HEALTH

DATE _____

PATIENT NAME _____ AGE _____
(First) (Middle) (Last)

DATE OF BIRTH _____ SOCIAL SECURITY # _____ MARITAL STATUS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE (_____) _____ CELLULAR TELEPHONE(_____) _____

EMPLOYER _____ REFERRED BY _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION OCCUPIED _____ WORK TELEPHONE _____ EXT _____

SPOUSE OR PARENT _____ DATE OF BIRTH _____

MAILING ADDRESS _____ HOME TELEPHONE (_____) _____

EMPLOYER _____ SOCIAL SECURITY # _____

EMERGENCY CONTACT NOT LIVING WITH YOU _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE(_____) _____

YOUR CO-PAYMENT MUST BE PAID AT THE TIME OF SERVICE. PLEASE INDICATE METHOD OF PAYMENT.

_____ CHECK/CASH _____ MASTERCARD/VISA

YOU MUST BRING YOUR INSURANCE CARD WITH YOU AT THE TIME OF YOUR VISIT.

YOUR INSURANCE COMPANY _____

INSURANCE ADDRESS _____

NAME OF INSURED _____ GROUP # _____ ID # _____

I hereby authorize Sierra Women's Health to furnish to my insurance company all medical information which my insurance company may request concerning my medical condition.

(Patient Signature)

I hereby authorize payment of medical benefits to Sierra Women's Health for medical or surgical services rendered to me by Sierra Women's Health. I understand that I am financially responsible for charges not covered by this authorization.

(Insured Signature)

Sierra Women's Health has provided me with a copy of their Notice of Privacy Practices _____ Please Initial

Do you have an Advanced Directive? ()Yes ()No If so, please allow our office to keep a copy in your medical record.

IMPORTANT - PLEASE READ CAREFULLY: MOST INSURANCE COMPANIES REQUIRE THAT THE INSURED USE A CONTRACT FACILITY (HOSPITAL, LABORATORY, RADIOLOGY DEPARTMENT, ETC.) IN ORDER TO OBTAIN MAXIMUM REIMBURSEMENT. PRIOR TO YOUR VISIT, YOU SHOULD CONTACT THE PERSON HANDLING YOUR INSURANCE TO FIND OUT IF THIS APPLIES IN YOUR CASE. **IT IS YOUR RESPONSIBILITY TO ADVISE US IF A CONTRACT FACILITY IS TO BE USED.**