Lisa R. Hearing M.D., P.A.

Obstetrics and Gynecology

Information Sheet

LAST NAME _____ FIRST _____ MIDDLE _____ PREFER TO BE CALLED _____

SOCIAL SECURITY # _____ BRITHDATE _____ DRIVERS LICENSE # _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____ MARITAL STATUS _____

EMAIL ADDRESS _____ RACE / ETHNICITY _____

REFERRING PHYSICIAN _____ REFERRED BY _____ PRIMARY LANGUAGE _____

SPOUSE OR EMERGENCY CONTACT NAME _____ RELATION _____ PHONE NUMBER _____

PHARMACY NAME _____ PHARMACY PHONE NUMBER _____

EMPLOYER _____ OCCUPATION _____

EMPLOYER ADDRESS _____ EMPLOYER PHONE NUMBER _____

INSURANCE _____ PT RELATION TO INSURED _____

POLICY HOLDER NAME _____ ID NUMBER / GROUP _____

HOLDER'S DATE OF BIRTH _____ PLAN TYPE (PPO, POS, HMO) _____

GUARANTOR (RESPONSIBLE FOR BILL): SELF / SPOUSE/ PARENT GUARANTOR ADDRESS _____

GUARANTOR NAME _____ CELL NUMBER _____

GUARANTOR DATE OF BIRTH _____ GUARANTOR EMPLOYER _____

ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION: I hereby assign all medical and/or surgical benefits including Medicare, Medicaid, Private Insurance and other health plans to Lisa R. Hearing, M.D., P.A.

I also hereby authorize assignee to release all information, including HIV test results to secure payment. I understand that I am financially responsible for all charges whether or not paid by insurance and will be held responsible for all collection costs and associated legal fees should it become necessary to secure payment for services rendered. I am aware that finance charges will accrue on balances older than 30 days once they have been transferred to the patient's responsibility.

I acknowledge that there will be a $35 fee for any check returned for insufficient funds, closed account, etc.

A photocopy of this assignment is considered as valid as an original and this assignment and release will remain in effect until revoked by me in writing and delivered to Lisa R. Hearing, M.D., P.A.

SIGNATURE OF PATIENT _____ DATE _____ SIGNATURE OF GUARANTOR _____ DATE _____