

Devoted to Women, P.A.

verified by _____

PATIENT INFORMATION

Legal Name _____ Patient's SS# _____
(First) (Middle) (Last)

Address _____
(Street) (Apt. #) (City) (State) (Zip)

Date of Birth _____ Mailing Address _____
(if different from above) (Street) (Apt#) (City) (State) (Zip)

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

E-Mail Address _____ Marital Status: S M Sep D W

Employer or School _____ Occupation _____

Primary Care Doctor _____

INSURED INFORMATION

PLEASE COMPLETE ALL THE INFORMATION BELOW

Primary Policy Holder Name _____ Date of Birth _____ Relationship to Patient _____

Name of Primary Insurance _____

Subscriber/Member ID# _____ Group/Account _____

Employer _____ Occupation _____

SECONDARY INSURANCE COMPANY INFORMATION

Secondary Insured's Name _____ Date of Birth _____ Social Security# _____

Name of Secondary Insurance _____ Relationship _____

Subscriber/Member ID# _____ Group/Account _____

Claim Address _____

(PLEASE FILL OUT INFORMATION ON NEXT PAGE)

FINANCIAL POLICY

Please understand that it is the patient's responsibility to know the rules and regulations of their policy. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim. Upon check-in, we will collect your co-pay, deductible, co-insurance and any non-covered service that we have verified to be your responsibility. If we are not a participating physician, you will become responsible for today's visit. It is our policy to reschedule any patient unable to pay prior to seeing the provider unless prior financial arrangements have been made with our office.

If your service remains unpaid by your insurance company after 45 days, you need to call your insurance company to check the status of the claim and then contact our billing department to assist you, if necessary. You will be sent up to three statements for your financial responsibility after your insurance has processed claims. After the third notice your account may be forwarded to a Collection Agency. If your account is assigned to an outside collection agency an additional fee of 40% of the amount owed will be added.

We accept Visa, MasterCard, American Express, Discover, cash and local personal checks with valid picture ID. All returned checks are subject to a \$30 fee. All forms to be completed for "Time Off" (i.e., FMLA, disability form, attending physician's statement) are subject to a \$25 administrative fee per form.

I understand that I am fully responsible for services rendered here at Devoted to Women.

INITIAL: _____

COMMUNICATION USE AND DISCLOSURE AUTHORIZATION

You may leave the following messages on my: (circle) Text Cell Home Work

Prescription Refill Information Test Results Appointment Reminder Information

HIPAA: Please list any family members or significant others that you give your authorization for this practice to discuss any non-emergency medical/billing issues if you are not readily available. For example, if someone were to call on your behalf, they need to be listed here. If none, write **NONE**.

Name and Relationship to You: _____

INITIAL: _____ You are responsible for notifying this practice of any changes to this list.

YOUR SIGNATURE WILL SERVE FOR ANY OR ALL OF THE FOLLOWING

I authorize any physician or hospital that has treated me in the past to release a copy of my medical records to Devoted to Women, PA. This shall specifically include information relating to psychiatric conditions, alcohol and/or drug abuse, and HIV testing results. I authorize Devoted to Women, PA to release any information contained in my medical record to my insurance company or another physician. This shall specifically include information relating to psychiatric conditions, alcohol and/or drug abuse, and HIV testing results. I authorize and instruct my insurance company(s) to pay all benefits and payments directly to Devoted to Women, PA. I understand that I am financially responsible for my account regardless of my insurance payments or benefits.

Signed _____ **Date** _____

Devoted to Women, PA

661 East Altamonte Drive * Suite 224 * Altamonte Springs, FL 32701 * (407)830-9000