

FRISCO OBSTETRICS AND GYNECOLOGY, P.A.

PATIENT DEMOGRAPHICS

Name _____ DOB _____ SSN _____

Address _____ City _____ State _____ Zip _____

Please indicate below the preferred number to contact you, including location (i.e. Hm, Wk, and Cell)

#1 _____ #2 _____ #3 _____

Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____ Sex: Female _____ Male _____

Employer _____ Occupation _____

Emergency Contact _____ Relationship to patient _____

Phone # _____ Alternate Phone # _____

Referring Physician _____ Phone Number _____

Responsible Party for Minors

Name _____ DL # _____ Issuing State _____

Address _____ City _____ State _____ Zip _____

Primary Contact Number _____ Secondary Contact Number _____

Relationship to Patient _____ Other Authorized Persons _____

Primary Insurance Information

Policy Holders Name _____ DOB _____ SSN _____

Relationship to patient _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Insurance Company _____ Address _____

Member ID # _____ Group # _____ Phone # _____

Secondary Insurance Information (if applicable)

Policy Holders Name _____ DOB _____ SSN _____

Relationship to patient _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Insurance Company _____ Address _____

Member ID # _____ Group # _____ Phone # _____

Assignment of Benefits and Financial Agreement

I hereby authorize payment of insurance benefits to be made to Frisco Obstetrics and Gynecology, PA and any assisting physicians, for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. In the event of default, I agree to pay all costs of collection, and reasonable attorney fees. I also authorize Frisco Obstetrics and Gynecology, PA to release any and all information necessary to secure payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Date _____ Signature _____