Pacific Women's Center
Physicians and Surgeons

PATIENT INFORMATION

Last Name:_____ First Name:_____ MI:_____

Address:_____ City, State, Zip: _____

Mailing Address (if different): _____ City, State, Zip: _____

Primary Care Physician (PCP): _____ SSN: _____ DOB: _____ Age: _____

Employer: _____ Work Phone: (_____)_____

Home Phone: (_____)_____ Cell Phone: (_____)_____ Preferred Phone: HOME / CELL

Can we leave *detailed* message on your voicemail? **HOME:** Y / N **CELL:** Y / N

EMAIL*: _____ Marital Status: M / S / D / W

**Normal lab results, notification and patient education will be reported and sent via the Patient Portal and a notification will be sent to your email listing. The Patient Portal provides patients with secured access to our office and their medical records.*

APPOINTMENT REMINDER: (choose only one) ◯ text ◯ voicemail

RESPONSIBLE PARTY INFORMATION

_____

Person Responsible for Bill | Address | Phone Number

PRIMARY INSURANCE

_____
Insurance Company | Policy Holder

_____
Relationship to Patient | DOB | SSN

_____
ID/Subscriber Number | Group Number

_____
Insurance Claims Mailing Address

_____
Insurance Phone | Effective Date

SECONDARY INSURANCE

_____
Insurance Company | Policy Holder

_____
Relationship to Patient | DOB | SSN

_____
ID/Subscriber Number | Group Number

_____
Insurance Claims Mailing Address

_____
Insurance Phone | Effective Date

EMERGENCY CONTACT

_____

Name | Relationship | Phone Number

I hereby authorize Pacific Women's Center, L.L.C., to furnish to your insurance company, employer or other payor, or their representatives, or either myself or the subscriber, or to the referring physician, all medical or financial information which may be requested concerning the patient's present illness, injury, or condition.

I hereby authorize my insurance benefits to be paid directly to Pacific Women's Center, L.L.C., and I understand that I am financially responsible for non-covered services. I agree to pay finance billing fee on any unpaid balance over 60 days.

Patient/Guardian Signature: _____ **Date:** _____