Premier Obstetrics and Gynecology of Orlando, P.A.

PATIENT INFORMATION - PLEASE PRINT

TODAY'S DATE

LAST NAME	FIRST NAME	M.I.	HOME PHONE	WORK PHONE

STREET ADDRESS				D.O.B.	CELL PHONE

CITY	STATE	ZIP	MARITAL STATUS	SOCIAL SECURITY #
			S ☐ M ☐ W ☐ DIV. ☐ SEP. ☐	

EMPLOYER NAME	ADDRESS	OCCUPATION

SPOUSE / PARENT OR RESPONSIBLE PARTY

LAST NAME	FIRST NAME	M.I.	HOME PHONE	WORK PHONE

STREET ADDRESS		D.O.B.	SOCIAL SECURITY #

CITY	STATE	ZIP	

EMPLOYER NAME	ADDRESS	OCCUPATION

REFERRED BY:
☐ YELLOW PAGES ☐ FRIEND ☐ OTHER

PRIMARY CARE PHYSICIAN

PRIMARY INSURANCE

INSURANCE COMPANY	PHONE

ADDRESS

CITY/STATE/ZIP

I.D. NUMBER

GROUP NAME OR NUMBER	FIRST NAME

INSURED'S LAST NAME

DATE OF BIRTH	SOCIAL SECURITY #

RELATIONSHIP TO GUARANTOR ☐ SELF ☐ HUSBAND ☐ PARENT ☐ WIFE ☐ CHILD ☐ OTHER

EMPLOYER INS. PLAN YES ☐ NO ☐

SECONDARY INSURANCE

INSURANCE COMPANY	PHONE

ADDRESS

CITY/STATE/ZIP

I.D. NUMBER

GROUP NAME OR NUMBER	FIRST NAME

INSURED'S LAST NAME

DATE OF BIRTH	SOCIAL SECURITY #

RELATIONSHIP TO GUARANTOR ☐ SELF ☐ HUSBAND ☐ PARENT ☐ WIFE ☐ CHILD ☐ OTHER

EMPLOYER INS. PLAN YES ☐ NO ☐

EMERGENCY INFORMATION

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE

STREET ADDRESS	CITY/STATE/ZIP	OCCUPATION

HOW WOULD YOU LIKE OUR OFFICE TO CONTACT YOU? PLEASE GIVE THREE PHONE NUMBERS.

1._____ 2._____ 3._____

PAYMENT AGREEMENT & INFORMATION RELEASE

I understand it is my responsibility to provide correct insurance information for **EACH** date of service. I accept responsibility for any monies due if any of the information I have supplied is incorrect. I also understand that if for any reason my insurance will not cover this claim, I will be held responsible for my bill. I give my consent to discharge any and all medical information necessary to process my insurance claim. I hereby authorize payment of insurance benefits to be paid directly to my treating physician or provider for service rendered. In the event of a collection or legal action, I will be responsible for any and all fees incurred.

_____

Patient/Responsible Party Signature Date