

REGISTRATION INFORMATION

DATE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

Social security number: (optional, but very helpful) \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

FAX: \_\_\_\_\_

Marital status: \_\_\_\_\_

Spouse or significant other name: \_\_\_\_\_

Employer/ School name: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

PRIMARY INSURANCE Name: \_\_\_\_\_

Group number: \_\_\_\_\_

ID number: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Subscriber's address and birthdate (if different than patient): \_\_\_\_\_

Authorization number (if you needed one): \_\_\_\_\_

SECONDARY INSURANCE NAME: \_\_\_\_\_

Group number: \_\_\_\_\_

ID number: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Subscriber's address and birthdate (if different than patient) \_\_\_\_\_

Authorization number (if you needed one): \_\_\_\_\_

WOMEN ONLY - NAME OF OB/GYN: \_\_\_\_\_

SPECIALISTS names and addresses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSIGNMENT OF INSURANCE BENEFITS:

The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my physician to submit claims for benefits, for services rendered, or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(name of insurance company) to pay and hereby assign directly to Dr. Naureen Mohamed all benefits, if any, otherwise payable to me for her services. I understand I am financially responsible for charges incurred. I further acknowledge that any insurance benefits, when received by and paid to Dr. Naureen Mohamed will be credited to my account, in accordance with the above said assignment.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

