

HOW DID YOU HEAR ABOUT US?

Referring Doctor: _____ Address: _____
Phone: _____
Yellow Pages Website Patient Friend Ad
Radio Mimi Insurance Internet
Other: _____
Television AK/CLE _____ COL _____

PATIENT DEMOGRAPHICS AND BILLING INFORMATION

Last Name: _____ Initial _____ First: _____ DOB: ____-____-____
Address: _____ City: _____ State/Zip: _____
Phone Nos.: Home: ____-____-____ Work: ____-____-____ Cell: ____-____-____
Soc. Sec.# ____-____-____ Are You: M S D W
Employer: _____ City: _____

Spouse/Parent (Guarantor w/ Insurance)

Last Name: _____ Initial _____ First: _____ DOB: ____-____-____
Soc. Sec.# ____-____-____ Phone Nos.: Work: ____-____-____ Cell: ____-____-____
Employer: _____ City: _____

Your Insurance: _____ Yours _____ Spouse _____
ID#: _____ Group # _____
HSA / HRA Holder's Name: _____ Effect Date: _____
Copay: \$ _____ Annual Deductible: \$ _____ Coinsurance: _____ % _____ %

Secondary Insurance: _____
ID#: _____ Group # _____

Your Email Address: _____

I have reviewed and signed below regarding the following statement:

I authorize the release of my medical information to process this date or any medical claims for payment to Reproductive Gynecology, Inc. or RG Labs, LLC requesting payment be made directly to their office. I understand that I am responsible for any balance on my account, including any balance over 90 days that insurance has not paid for any reason. I agree to pay office visit co-pays at the time of service and prior to any procedures. RGI does make use of a collection agency that can electronically retrieve any NSF check remitted to RGI/RGL or take collection action on any outstanding balance over 150 days overdue.

Signed: _____ Printed: _____ Date: _____

Granting permission with above signature to leave messages/instructions on: Home answering machine Cell answering or with my spouse,
_____. Date: _____

Lab work to be submitted to: _____
HOSPITAL: _____