

MAIN LINE GASTROENTEROLOGY ASSOCIATES, P.C.

Patient Information Record

Please **PRINT** all information.

Date _____
Last Name _____ First Name _____ MI _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address _____ Social Security # _____
Circle One: Sex M F Marital Status: S M W D Age _____ Date of Birth _____
Circle One – Ethnicity: Hispanic or Latino Not Hispanic or Latino Race _____ Language _____
Spouse's Name _____ Spouse's Work Phone _____
Spouse's Employer _____

Emergency Contact (other than spouse) _____ Relationship _____
Emergency Contact Phone _____

Primary Care Doctor _____ Phone _____
List other doctors seen regularly _____ Phone _____

Who recommended that you consult a gastroenterologist? _____

INSURANCE INFORMATION

Insurance company and address _____
Name of Policyholder _____ Group# _____
Policy/ID# _____ Medicare# _____
Policyholder employer _____ Policyholder Date of Birth _____

Your appointment time has been set aside for you. We reserve the right to bill for missed and cancelled appointments. Please provide us with 24 hours' notice if you need to cancel your office visit and two business days if you need to cancel a procedure. Otherwise, missed or late cancellations may result in a discharge from the practice. Late cancellations delay the care for other patients who are waiting to be seen in a timely fashion. Please confirm through our automated system when you receive your reminder.

CONSENT/ASSIGNMENT OF BENEFITS/RELEASE OF INFORMATION

I understand and agree that Main Line Gastroenterology Associates may provide treatment to me and may use and disclose protected health information about me for treatment, payment and/or health care operations. I authorize payment of medical benefits on my behalf to Main Line Gastroenterology Associates for services received. I also authorize the release of any medical or other information necessary to process my claims.

SIGNED: _____ **DATE:** _____

DO NOT MAIL THIS FORM

Reviewed for accuracy: _____