

**Patient Demographic Form**  
**Please PRINT**

Patient Name: \_\_\_\_\_ Nickname/AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Preferred method of contact: (circle one) Phone Email Letter

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Language (other than English): \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse/Parent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**INSURANCE INFORMATION**

Ins Co Name: \_\_\_\_\_ Policy/ Member ID #: \_\_\_\_\_

Patient Relation to Insured: Self: \_\_\_\_\_ Spouse: \_\_\_\_\_ Child: \_\_\_\_\_ Other: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

**SECONDARY INSURANCE**

Ins Co Name: \_\_\_\_\_ Policy/ Member ID #: \_\_\_\_\_

Patient Relation to Insured: Self: \_\_\_\_\_ Spouse: \_\_\_\_\_ Child: \_\_\_\_\_ Other: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

**Diagnostic Testing:** We recommend that you call your insurance company to be informed of your benefits for any diagnostic test that The Women's Center may order for you. These tests include mammograms, DEXA scans, labs, CT's, etc... You should inquire if pre-certification is needed. If so, you will need to contact our office one week prior to your scheduled procedure to avoid claim denial.

**Financial Policy:** To ensure accurate claim filing, please give your most current insurance card to our registrar to be copied. If we are unable to verify your insurance, you will be responsible for payment at the time of service. The Women's Center participates with Medicare and most managed care plans. We will bill your insurance company in compliance with the guidelines of our contract.

- ❖ All co-payments, deductibles, and co-insurance as applicable are due at the time of service.
- ❖ Payment in full is due at the time of treatment for all private pay patients, Medicare patients for non-assigned services (urinalysis, office visit, injections, etc..) and/or fees not covered by your insurance.
- ❖ If coverage is contingent on a referral of pre-certification, it is your responsibility to inform us.
- ❖ If you are unable to keep your appointment, we require a 24 hour cancellation notice or your account **will be charged \$50.**
- ❖ We accept cash, check, and the following credit cards: Visa, MasterCard, and Discover. **Return checks are not handled in the office, they are handled by Check Care.**
- ❖ Any outstanding account turned over to a collection agency will be charged an **additional \$35.00 fee.**

I hereby authorize The Women's Center, PC to provide me with medical treatment. I understand and agree that I am responsible for all fees not covered by my insurance company. I hereby authorize the release of any medical information necessary to file a claim with my insurance company. In the event that my account is turned over to a collection agency, I understand and agree that I will be responsible for any collection fees, attorney fees, court costs, or other fees incurred by me.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

### HIPAA NOTICE

I understand The Women's Center, PC is in compliance with the laws and guidelines of the HIPAA regulations. All services and records are confidential and private to protect the patient.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**If the patient is a minor, it is mandatory by HIPAA for the patient to sign a consent form to release information to a parent or any other guardian if related to the following:**

- **Contraceptive Care and Counseling**
- **Prenatal Care**
- **Abortion**
- **Sexually Transmitted Diseases**
- **HIV/AIDS**
- **Substance Abuse**
- **Emergency Care**