



PATIENT DEMOGRAPHIC INFORMATION

(To comply with insurance regulations, we have you update this information every year. Thank you for your cooperation.)

Name of Patient: _____

Social Security #: _____ DOB: _____ Marital Status: S M W D

Home Address: _____
City State Zip

Home Phone: _____

Cell Phone: _____

Work Phone: _____ Employer: _____

Insured Name: _____ Insured DOB: _____

Insured Employer: _____ Insured SSN: _____

Referred By: Patient Doctor Insurance Other Name: _____

**Insurance Policy Holder/Insured Name (self, spouse): _____

Person to contact in an Emergency: _____ Phone: _____

EXPLANATION OF FINANCIAL RESPONSIBILITY

Our office policy requires you to present the most recent copy of your insurance card at the time of each visit. If you are a member of an insurance company with whom we participate, you will be expected to pay any co-payment or co-insurance that is dictated by your insurance plan at the time services are rendered. If your health plan denies a procedure/service for any reason and determines the procedure/service is to be paid by the member, our office cannot be responsible for the charges. We feel it is your responsibility as a patient to know exclusions and regulations of your plan and be prepared to pay the denied amounts in full.

Effective January 1, 2006, all pathology and blood work will be billed to your insurance carrier by the lab if you are on the following insurance plans: **Aetna, BCBS, Cigna, UHC, Unicare, Humana, Medicare and Tricare**. Any portion your insurance carrier does not pay will be billed to you directly by the lab. For patients who are on all other insurance plans, your pathology and blood work will be billed to you through our office. If you do not have health insurance, you will be considered a **Private Pay** patient and be responsible for all charges at the time of service unless other arrangements have been made.

I have read and understand my financial obligations to Park Central OB/GYN Associates.
ACCEPTED AND AGREED

Patient Signature

Date