



PATIENT INFORMATION

Form fields for Patient Information: Last Name, First, M.I., Marital Status, Date of Birth, SS#, Home Phone, Cell Phone, Email, Home Address, City, State, Zip Code, Occupation, Employer, Work Phone, Referring Doctor, Primary Care Physician, Emergency Contact, Relationship, Phone, Lab Preference.

PHONE MESSAGES (HIPAA REQUIREMENT)

Form fields for Phone Messages: Best Number to Reach you, Phone, Time, Ok to leave message, If yes, message approved for.

PRIMARY INSURANCE INFORMATION

Form fields for Primary Insurance Information: Insurance, Subscriber Last Name, First, Subscriber ID, Group #, SS#, Relationship, D.O.B.

SECONDARY INSURANCE INFORMATION

Form fields for Secondary Insurance Information: Insurance, Subscriber Last Name, First, Subscriber ID, Group #, SS#, Relationship, D.O.B.

ADVANCED WOMENS CARE CENTER PRIVACY AND CORPORATE POLICY

Your privacy is important to Advanced Women's Care Center. Our office collects both personal and medical information from you to ensure that we provide the highest level of service for your medical needs. AWCC files service claims to your insurance company as a courtesy to you. Patients are responsible for verifying their benefits prior to their appointment.

PATIENT/GAURDIAN SIGNATURE

I hereby acknowledge receipt, before any medical services were provided, of the Advanced Women's Care Center's Privacy and Corporate policy. I am responsible for checking my insurance benefits, and acknowledge that I have been given the opportunity to ask any questions that I may have regarding such policy.

Signature and Date fields.