

M. Mark Alwan, M.D.
Patient Information

Patient Name _____ Phone _____ Cell Phone _____

Address _____ Date of Birth _____ Age _____

City _____ Zip _____ Marital Status _____

Email Address _____

Employer _____ Occupation _____

Address _____ City/Zip _____ Work Phone _____

Drivers License _____ Social Security # _____

Insurance Carrier _____ Subscriber ID # _____ Group # _____

Subscriber Name _____ Subscriber Date of Birth _____

Referred By _____ Primary Care Physician _____

Emergency Contact _____ Phone _____ Relationship _____

Pharmacy Name _____ Pharmacy Location _____

ASSIGNMENT OF BENEFITS

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance and other plans to M. Mark Alwan M.D. I authorize the disclosure of portions of my medical records to the extent necessary to determine liability for payment and to obtain reimbursement.

The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered as valid as the original. I also understand that I am financially responsible for all charges over sixty days, whether or not paid by my insurance company. I hereby authorize the said assignee to release all information necessary to secure payment.

Signature of patient or guardian _____ Date _____

PLEASE NOTE:

- Payment is due at time of service
- Secondary insurance billing will incur a \$3.00 charge for each date of service
- A \$25.00 fee will be charged for any returned checks
- Any forms, including Disability, EDD, FMLA, etc. are subject to a \$15.00 form fee. All forms require 7-10 days for processing