

PATIENT INFORMATION

Please select a physician:

Kalman J. Edelman, M.D. Richard E. Nickowitz, M.D. Sassan Soltani, M.D. Sergio Stubrin, M.D.
Ihab Beblawi, M.D. Peter M. Rosenberg, M.D. Julie T. Yang, M.D.

Name: _____ Gender: M F Marital Status: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Driver's License: _____
Address: _____ City: _____ Zip: _____
Birthday: _____ Age: _____ Social Security No: _____
Place of Employment: _____ Occupation: _____
Employment Address: _____ City: _____ Zip: _____
Spouse's Name: _____ Phone: _____
In case of emergency notify: _____ Phone: _____

Primary Insurance: Medicare Medi-cal PPO HMO
Insurance Name: _____ ID# _____
Secondary Insurance: Medicare Medi-cal PPO HMO
Insurance Name: _____ ID# _____
Are you the subscriber? Yes No If, you are not the subscriber, please provide the information below:
Name: _____ DOB: _____ Social Security: _____

REFERRING PHYSICIAN: _____ Phone: _____ Fax: _____
Address: _____ City: _____ Zip: _____

PRIMARY CARE PHYSICIAN: _____ Phone: _____
Address: _____ City: _____ Zip: _____

PHARMACY NAME: _____ Phone: _____ Fax: _____

1. I hereby authorize my insurance benefits be paid directly to Alliance Digestive Disease Consultants Medical Group, and agree to be financially responsible for non-covered services. I also authorize the physician to release any information to process this claim. I further agree that a photocopy of this agreement shall be as valid as the original.
2. I hereby authorize the physician to obtain medical records, demographics and insurance coverage information from prior doctors, laboratories and hospitals who have provided health care services if this information is needed for the doctor to provide medical services.
3. Our Notice of Privacy Practice advises how we may use and disclose your protected health information. Our current notice is available to you upon request from our staff. I agree to the uses and disclosure of this information for the purpose of treatment, payment and health care operations.

Signature: _____ Date: _____