

Abdominal Specialists of South Texas, LLP

COPAY \$ _____ Balance \$ _____

Payment Method (check one) Check # _____ Cash Credit/Debit card

Name: _____
Last First M.I.

Birthdate: _____ Sex: Male Female Other _____
Soc. Sec. # _____

Address: _____
Street City State Zip

Home Phone _____

Marital Status: Married Single Divorced Widowed

Cell Phone _____

Spouse Name _____ B.D. _____

Work Phone _____

Employment Status: Retired Disabled Student Unemployed

Employer: _____

PERSONAL EMAIL _____

The next 2 questions are required by the State of Texas and must be answered

Race: White Black or African American Asian Hawaiian or Pacific Islander Native American Indian or Alaskan Native

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Emergency Contact Name: _____

Emergency Contact _____

Relationship: _____

(not same number)

PHARMACY NAME & ADDRESS (street and city) _____

PRIMARY CARE PHYSICIAN (include location if multiple) _____

INSURANCE INFORMATION: **A COPY OF YOUR INSURANCE CARDS AND PHOTO ID IS REQUIRED**

PRIMARY: _____

SECONDARY: _____

ID#: _____

ID#: _____

GROUP# _____

GROUP# _____

Policy Holder Name: _____

Policy Holder Name: _____

Policy Holder B.D. _____

Policy Holder B.D. _____

Relationship to Policy Holder: _____

Relationship to Policy Holder: _____

CONSENT TO OBTAIN INFORMATION:

I hereby consent for any other physician, medical facility, insurance company or medical service provider to release information regarding my medical treatment and ongoing care to Abdominal Specialists of South Texas, LLP (ASST). I authorize ASST to obtain my medication history for purposes of continuity of care.

INITIAL _____

AUTHORIZATION TO RELEASE:

I hereby authorize Abdominal Specialists of South Texas, LLP, (ASST) to release any medical and medication history or incidental information that may be necessary for medical care or processing payment. I certify that the information given by me in applying for payment is correct.

INITIAL _____

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE AFOREMENTIONED OFFICE POLICIES, AGREEMENTS AND CONSENTS.

SIGNATURE: _____

DATE _____