



Bedford Commons OB-GYN, P.A.

Patient Information Sheet

(Please Print)

If you are new to our practice, how did you find out about us?

(Check all that apply.)

- Another patient of Bedford Commons
* (name of other patient) _____
- Facebook
- Hospital Emergency Room _____
- Insurance listing: _____
- Newspaper/Magazine ad _____
- Attended a "Regarding Women's Health" talk
- Community Event (Expo, etc.) _____
- I previously was a Bedford Commons OB-GYN patient
- Internet Search site: _____
- Yellow pages
- Other: _____

* We like to send thank you notes to people who refer to us.

Referring Physician:

Name: _____

Address: _____

Phone #: _____

Specialty: _____

Is this your primary care physician?

Yes No

Personal Information:

Patient's Name: _____

Date: _____

Date of Birth: _____

First MI Last

Marital Status: (Please circle) S M Sep W D

Address: _____

City: _____ Zip: _____

Home Phone #: _____

Cell Phone #: _____

Patient Social Security #: _____

Patient's Email Address: _____

Work #: _____ Ext. _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Emergency Contact: _____

Emergency Phone #: _____

Insurance Information:

Primary Insurance Company Information

Insurance Name: _____

Policy # _____ Group # _____

Insurance Effective Date: _____

Subscriber Responsible for Insurance: _____

Relationship to Subscriber: _____

Address of Subscriber: _____

Subscriber's Date of Birth: _____

Phone # for Subscriber: _____

Subscriber's Work #: _____ Ext.: _____

Secondary Insurance Company Information

Insurance Name: _____

Policy # _____ Group # _____

Insurance Effective Date: _____

Subscriber Responsible for Insurance: _____

Relationship to Subscriber: _____

Address of Subscriber: _____

Subscriber's Date of Birth: _____

Phone # for Subscriber: _____

Subscriber's Work #: _____ Ext.: _____

* Please provide us with a front and back copy of your Insurance card so we can properly submit a claim to your insurance carrier.

CANCELLATION OR NO SHOW POLICY

*If you need to cancel or reschedule your appointment with us, please notify us at least **24 hours prior** to your appointment time. Your time and the provider's time are important to us.*

A \$50. fee will be charged for all patients who do not give us the required notice.

Also, if you arrive late for your appointment, we cannot guarantee that you will be seen.

PATIENT CONSENT, AGREEMENT OF FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS:

I, the undersigned, consent to the use and disclosure of my protected health information for treatment, payment and operations and such other purposes that are permitted under the federal Health Insurance Portability and Accountability Act without a written authorization. I accept that I am financially responsible for all services rendered on my behalf by Bedford Commons OB-GYN, P.A., (BCOG). For those insurance plans for which BCOG accepts assignment, I accept personal responsibility for all co-payments, deductibles and non-covered services, as dictated by my insurance coverage. I authorize payment directly to BCOG for services for which the Practice accepts assignment. A copy of this agreement may be used in place of the original. I certify that the information stated on this form is correct.

To our Managed Care Patients: Your signature below indicates that if you receive any services at Bedford Commons, OB-GYN, P.A. and the fees are denied because you did not obtain prior approval from your Primary Care Physician, you will be personally responsible for those fees.

Signature of Patient or Parent/Legal Guardian

Date