

Welcome To Our Office

PLEASE PRINT AND COMPLETE ALL PARTS

STUART S. KASSAN, M.D., F.A.C.P., P.C.

Patient Account # _____

Today's Date _____

PATIENT NAME:

Circle One: Married Single Separated
Divorced Widowed

Last _____ First _____ MI _____ NICK NAME _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone/Ext _____ Cell Phone _____

Is Patient Currently Employed? (circle one) Yes No Employer: _____

* Email: _____

Is the Patient a Student? (circle one) Yes No If YES, Name of School: _____

Date of Birth _____ Age _____ Sex _____ Social Security # _____

Spouse _____ Date of Birth _____ Currently Employed? Yes
No

Employer _____ Occupation _____ Work Phone _____

Referring Physician Name _____ Address _____

Is the Patient's Primary Care Physician the same? Yes No

If No, Name _____ Address _____ Phone _____

INSURANCE: (Please complete thoroughly. We will need a copy of your insurance card.)

Circle if: HMO PPO

Circle if: HMO PPO

Primary Insurance _____ Secondary Insurance _____

ID/Policy # _____ ID/Policy # _____

Group # _____ Group # _____

CONSENT FOR TEST RESULTS I give Stuart S. Kassan, MD permission to leave all X-ray, appointments, lab results, and other medical information and advice on: (check all that apply)

Answering machine at home Cell Phone Voice Mail at work Do not leave message

Email _____

Okay to leave message with family member _____ (Name) _____ (Phone)

_____ (relationship to you)

Other _____

Emergency Contact _____ (Name) _____ (Phone)

PLEASE
SIGN BY
ALL X'S

I authorize payment of medical benefits to physician or supplier for these services and all future claims.

X _____
Signed (Insured or Authorized Person)

Dr. Kassan's 'Notice of Privacy Practices' is posted.
A 1.5% service charge (19.5% annually) will be added to any unpaid balance over 56 days. \$5.00 minimum.

X _____
Signature of Patient

I authorize the release of any medical information necessary to process this claim and all future claims.

X _____
Signed (Insured or Authorized Person)