

Sunflower Ob-Gyn, PA
1230 E. 6th Ave Suite 2D
Winfield KS 67156
(620) 222-6250

Welcome to Sunflower Ob-Gyn, PA! We hope to provide you with the best Obstetric and Gynecological Service possible. To help us begin to build your patient file, please take a moment to fill out the following demographic information.

Name: _____

Address: _____

City: _____

Race: (Circle One) White--Black--Am. Indian—Hispanic—Asian—Other—Refuse answer

Marital Status: ___ Single (S,) Married (M), Widowed (W), Divorced (D), Other (O)

Social Security Number (SSN): _____ Date of Birth (DOB): _____ Age: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer: _____

E-mail address: _____

Preferred pharmacy: _____

Name of Nearest friend or relative: _____ His/Her Phone: _____

Guarantor Information (if not patient): {*this is the person financially responsible for account*}

Name: _____

Address: _____ City: _____

SSN: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer Name: _____

Insurance Information: (If you have a card with you, please present it to the registration desk.)

Primary Insurance: _____ Secondary Insurance: _____

Policy Number: _____ Policy Number: _____

Subscriber Name: _____ Subscriber Name: _____

Subscriber DOB: _____ Subscriber DOB: _____

Please Check If No Insurance

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for services rendered. I authorize the release of any information required for my submission to my insurance company(s). I also authorize that payments be made directly to the provider.

Signature: _____ Date: _____

Parent (if minor): _____ Date: _____