

# SWEETWATER PULMONARY ASSOCIATES

Sandip R. Desai M.D. & Manpreet Mangat M.D

## PATIENT INFORMATION

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last First MI

SS# \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separate \_\_\_\_\_ Widowed \_\_\_\_\_

Patient's Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse/ Parent Name: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Name of Doctor who referred you: \_\_\_\_\_

Referring Doctor Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### INSURANCE INFORMATION

Name of guarantor/insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of employer: \_\_\_\_\_ work phone: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ ID#: \_\_\_\_\_

(If applicable) Group #: \_\_\_\_\_ PPO \_\_\_\_\_ HMO \_\_\_\_\_ Other \_\_\_\_\_

### **Secondary Insurance: (If applicable)**

Name of guarantor/insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of employer: \_\_\_\_\_ work phone: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ ID#: \_\_\_\_\_

(If applicable) Group #: \_\_\_\_\_ PPO \_\_\_\_\_ HMO \_\_\_\_\_ Other \_\_\_\_\_

### **Authorization & Release**

I authorize release of any information concerning my (my child's) health care, advice and treatment provided for the purpose of evaluating and administering claim Of the insurance benefit. I hereby authorize payment of insurance benefits, otherwise payable to me, directly to Sandip R. Desai, M.D.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of patient or legal guardian