Geoffrey N. James MD, Jason S. James MD, Jila Sememar MD, Karen Salazar Valdes MD, Ingrid Paredes MD

UPDATE ESTABLISHED PATIENT INFORMATION - ***Fill out ENTIRE FORM. Updates are done yearly.***

First Name ______________________________

Last Name ______________________________

Date of Birth ______________

(Check One) ☐ Employed ☐ Retired ☐ Full time student

☐ Other ______________ Employer ______________

Occupation ______________________________

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Spouse's Name: ______________________________

Home Address ______________________ Apt_____

City ______________ State ______ Zip __________

Email Address ______________________________

Home Phone (_____) ______________________

Cell Phone (_____) ______________________

Work Phone (_____) ______________________

Pharmacy Number or Address: ________________

____

INSURANCE INFORMATION – *Fill out this* ***ENTIRE SECTION.*** *Please provide your insurance card to the front desk.*

Primary Insurance ______________________________

Name of Subscriber ______________________________

Policy# ______________________________

Group# ______________________________

Secondary Insurance ______________________________

Name of Subscriber ______________________________

Policy# ______________________________

Group# ______________________________

EMERGENCY CONTACT

Name ______________________________

Cell Phone (_____) ______________________

Relationship ______________________________

Work Phone (_____) ______________________

AUTHORIZATION TO RELEASE PHI

I authorize FemCare Ob-Gyn, LLC to disclose certain protected health information (PHI) about me to the parties listed below:

1. ______________________________

2. ______________________________

Patient/Guarantor's Signature: ______________________________ Date: ______________