

TARZANA SURGERY CENTER PATIENT INFORMATION

(Please type your information below. When finished, click the "PRINT THIS FORM" button. You may also print the form out blank and fill in the information by hand if you wish.)

Today's date:				Referring Doctor:			
PATIENT INFORMATION							
Patient's last name:		First:	Middle:	Mr. Mrs.	Miss Ms.	Marital status (check one) Single Mar Div Sep Wid	
Is this your legal name? Yes No	If not, what is your legal name?		(Maiden name):		Birth date: / /	Age:	Sex: M F
Street address:			Social Security no.:		Home phone no.:		
P.O. box:		City:		State:		ZIP Code:	
Occupation:		Employer:			Employer phone no.:		
Chose our center because/Referred to our clinic by (check one box):				Dr.		Insurance Plan	Hospital
Family	Friend	Close to home/work		Yellow Pages	Other		
INSURANCE INFORMATION							
Person responsible for bill:		Birth date: / /	Address (if different):			Home phone no.:	
Relationship to Patient: Self Parent Spouse Guardian Other							
Occupation:	Employer:	Employer address:				Employer phone no.:	
Is this patient covered by insurance? Yes No							
Please indicate primary insurance		Medicare	Blue Cross	Blue Shield	Aetna	United Health Plan	Anthem Other
Subscriber's name:		Subscriber's S.S. no.:	Birth date: / /	Group no.:		Policy no.:	Co-payment: \$
Patient's relationship to subscriber:		Self	Spouse	Child	Other		
Name of secondary insurance (if applicable):		Subscriber's name:			Group no.:		Policy no.:
Patient's relationship to subscriber:		Self	Spouse	Child	Other		
IN CASE OF EMERGENCY							
Name of local friend or relative (not living at same address):			Relationship to patient:		Home phone no.:	Work phone no.:	
Assignment of Benefit:							
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Tarzana Surgery Center. I understand that I am financially responsible for any balance. I also authorize Tarzana Surgery Center or insurance company to release any information required to process my claims.							
_____ Patient/Guardian Signature				_____ Date			