

Perinatal Center of Oklahoma, PLLC

PATIENT INFORMATION

Name: _____ Date: _____

Address: _____ City _____ ZIP _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Date of birth: _____ Age: _____ SS#: _____

Employer: _____

IN CASE OF APPOINTMENT CHANGE OR EMERGENCY, NOTIFY:

Name: _____ Ph: _____ Relation: _____

Fill in the information of the policy holder even if we have made a copy of your card. This is info that cannot be obtained from the card.

Insurance #1 Name:	Insurance #2 Name:
Name of Policy Holder:	Name of Policy Holder:
SS#	SS#
DOB: Relationship to Patient:	DOB: Relationship to Patient:
Employer:	Employer:

Referring Physician: _____ Ph: _____

Referring Pharmacy: _____ Ph: _____

(PLEASE SIGN ALL THREE LINES)

I authorize medical treatment for myself or my family member. I understand that I am responsible for all charges incurred, regardless of insurance status. I agree to pay for services as they are provided and pay promptly upon receipt of a statement.

X _____
SIGNATURE OF PATIENT Date

I authorize my insurance company to pay these providers for services filed on my behalf. This assignment will remain in effect until revoked by me in writing. I authorize release of information necessary to secure payment from my insurance.

X _____
SIGNATURE OF PATIENT Date

I acknowledge I have been provided with a PATIENT PRIVACY NOTICE that provides a description of information uses and disclosures.

X _____
Signature of PATIENT or legal representative Date

**PATIENT INFORMATION
PLEASE READ ENTIRE FORM**

We want to welcome you to the Perinatal Center of Oklahoma. Below is some helpful information about your appointment.

We do not need for you to come early to your appointment. Please be on time or just a few minutes before your scheduled appointment. If you are more than 15 minutes late to your appointment you may be asked to reschedule. Please be sure and call our office if you think you are going to be late.

UNFORSEEN EMERGENCIES - Please note that we are not a typical OB/GYN office. We do have occasional emergencies which require our immediate attention. We will always do our best to keep you informed, but please understand if your appointment is delayed that we try to provide the optimal care to all our patients. We apologize for any delays you may experience. We understand that your time is valuable but we do ask that you allow TWO hours for your appointment. This includes any wait time and the time of your appointment. Please read our wait time policy once you arrive to your appointment.

You do not need to drink large quantities of water before your exam.

We do NOT allow the ultrasounds to be video taped or recorded by patients or family members. A complimentary CD of your ultrasound images will be provided.

Unless payment arrangements have been established, payment is due at the time services are rendered.

You can access our website at www.perinatalok.com. It provides additional helpful information about the Perinatal Center of Oklahoma.

PLEASE FILL OUT THE OTHER SIDE