

West LA Hand Center - Douglas M. Freedman, MD

Name: _____

Address: _____ City _____ Zip _____

Drivers License # _____ SS# _____ Sex (circle) Male / Female

Credit Card (Name) _____ (No) _____ (Exp) _____

Birthdate ___/___/___ Phone(home) _____ (work) _____ (cell) _____

Email Address: _____

Employed by: _____ How long? _____

Present Complaint: _____

Date of Injury/onset of symptoms: _____ Accident (circle) yes/no

Is Condition related to work/auto/other: _____

If patient is a minor, responsible adult: _____

Marital status (circle one): married single widowed divorced partner

Name of spouse: _____ Employed by: _____

Work address: _____

Name of insurance company(primary) _____

Secondary Insurance _____

Policy/ Medicare # (skip if you brought your card) _____

Group # (skip if you brought your card) _____

Emergency Contact (name) _____ (phone) _____

Name of person responsible for payment: _____

Name of referring physician/friend/ins. booklet: _____

I hereby authorize Douglas M. Freedman, MD to furnish the above insurance company all information which said insurance company may request concerning my illness or injury. I hereby assign to Douglas M. Freedman, MD all payments to which I am entitled for medical and/or surgical expense relative to the services reported for the above. I understand I am financially responsible to said doctor for my portion of allowed charges, charges applied to my deductible, or charges not covered by my policy. If monthly payments become past due, I agree to pay the total amount owing upon demand and to pay reasonable services, charges, collection costs, attorney fees and court costs as permitted by law if such are incurred. I understand I will be charged a \$15.00 service fee for any returned checks. A \$25.00 fee will be charged for forms i.e. disability, parking, jury duty, etc. My signature below acknowledges that I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Parent or legal guardian

Date _____

Policy Holder