

REGISTRATION/UPDATE INFORMATION

**Stella Maris Internal Medicine
Hani Charles Soudah, M.D., Ph.D.**

Date: _____ Home Phone: (____)_____

Patient: _____
Last Name First Name Initial

Street Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: __/__/____ Social Security Number: _____

Male Female Single Married Widowed Divorced

Patient Employed By: _____

Business Address: _____ State: _____ Zip: _____ Phone: (____)_____

Spouse (or Guardian) Name: _____

Employed By: _____

Business Address: _____ State: _____ Zip: _____ Phone: (____)_____

Medicare #: _____ EFF. Date: _____ PRIMARY/SECONDARY (Circle one)

PRIMARY INSURANCE CO.: _____
Certificate or ID#: _____
Plan or Group#: _____
Insured _____
DOB: _____ Social Security No. _____

SECONDARY INSURANCE CO.: _____
Certificate or ID#: _____
Plan or Group #: _____
Insured _____
DOB: _____ Social Security No. _____

HMO PPO HMO PPO

In Case of emergency, who should be notified? _____ Phone _____

Who may we thank for referring you? _____

Please Read and Sign below

I herby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including private insurance, Medicare and other health plans: Stella Maris Internal Medicine

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges incurred. I herby authorize said assignee to release all information necessary to secure the payment.

In addition to the foregoing, I herby authorize the release of my medical information by or between any of my treating physicians and my insurer, HMO, health benefits payer or any other entity (including but not limited to third party administrators, management companies and provider networks) involved in the administration of my health benefits.

Signature: _____ Date: _____