Welcome to our office.
Please take a few minutes to fill out the following information.

IF CHANGES IN THE FOLLOWING FILL OUT AREAS THAT HAVE CHANGED:

PATIENT NAME_____REFERRED BY_____

SOC SECURITY#_____DATE OF BIRTH_____

ADDRESS_____CITY/STATE/ZIP_____

HOME PHONE_____ALTERNATE PHONE_____

OCCUPATION_____EMPLOYER_____

WORK ADDRESS_____CITY/STATE/ZIP_____

SEX: M F MARITAL STATUS_____SPOUSES'S NAME_____

PHARMARCY NAME & ADDRESS _____

INSURANCE COMPANY_____

PERSONAL RESPONSIBLE FOR ACCOUNT_____

RELATIONSHIP TO PATIENT_____

RESPONSIBLE PARTY'S ADDRESS_____

RESPONSIBLE PARTY'S DATE OF BIRTH_____

ANY KNOWN ALLERGIES (PLEASE LIST)_____

DISCLOSURE OF MEDICAL INFORMATION: PLEASE LIST NAMES OF PEOPLE YOU GRANT ACCESS TO YOUR HEALTH INFORMATION: _____

_____

NO CHANGES, READ AND SIGN BELOW:

- I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO AUTHORIZE PAYMENT TO BE MADE DIRECTLY TO : ***JAMES R HOPPE MD, LLC***
- I UNDERSTAND THAT ANY BALANCE NOT PAID BY MY INSURANCE COMPANY FOR ANY REASON IS MY RESPONSIBILITY.
- STATEMENT FOR PATIENTS WITH NO INSURANCE: DRS. HOPPE AND/OR TRAN ARE SEEING ME AT A DISCOUNTED RATE. I CURRENTLY HAVE NO HEALTH INSURANCE. DUE TO FINANCIAL DIFFICULTIES IT WOULD BE DIFFICULT FOR ME TO OBTAIN ADEQUATE MEDICAL CARE WIHTOUT THIS DISCOUNTED RATE:
- HIPPA- I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES AND HAVE BEEN PROVIDED AN OPPORTUNITY TO REVIEW IT.
- LABS AND STUDY RESULTS: DO NOT ASSUME YOUR RESULTS ARE NORMAL IF YOU DO NOT HEAR FROM US. IT IS EXTREMELY IMPORTANT THAT WITHIN 1 WEEK OF ANY TESTING ORDERED BY US, IF YOU DO NOT HEAR FROM US, PLEASE CONTACT US AND FIND OUT YOUR RESULTS SO NO ABNORMAL RESULTS ARE MISSED
- ALL MEDICARE PATIENTS : THIS IS AN ADVANCE BENEFICIARY FORM: STATING THAT YOU ARE RESPONSIBLE FOR YOUR LAB FEES (PLEASE INQUIRE IF YOU NEED THE AMOUNT FOR EACH LAB)

PRINT NAME:_____DATE:_____

SIGNATURE:_____(LIFETIME SIGNATURE)

James R. Hoppe MD
Family Medicine

Ngoc Quynh Tran-Hoppe MD, FACOG
Obstetrics & Gynecology

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