

WELCOME TO OUR OFFICE

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Caring for Women
 A PROFESSIONAL CORPORATION
 OBSTETRICS and GYNECOLOGY
 2841 DeBarr, Suite 37, Anchorage, Alaska 99508
 Telephone (907) 279-2229 • FAX (907) 279-3817

Date: _____

*Thank you for choosing our office.
 In order to serve you properly, we will need the following information (PLEASE PRINT)
 All information will be strictly confidential.*

Patient Name	Hm. Ph.	Birthdate / /	Marital Status
	Bus. Ph.	Soc. Sec. #	
Mailing Address	CITY	STATE	Zip Code
Residential Address	CITY	STATE	Zip Code
Name & Address of Employer			
Occupation			
Spouse Name		DOB / /	
Employer Name & Address		Soc. Sec. #	
Occupation		Bus. Ph.	
If patient is a minor, parent or guardian's name			
Who may authorize treatment of this minor?			
Medicaid #		Medicare #	
Primary Insurance Carrier		Phone #	
Address			
Policy Holder	ID #	Group #	
Secondary Insurance Carrier	Phone #		
Address			
Policy Holder	ID #	Group #	
Local friend or relative not living with you for alternative emergency contact:			
Relationship to patient		Phone #	
Whom should we thank for referring you?			
When we call, and you are not at home, is it OK to leave a message: at home? _____ at work? _____			
Cell phone number			
* I authorize this office to release to the named insurance company any information necessary to expedite insurance payment. I understand that I am responsible for all charges, regardless of insurance coverage.			
Patient, Parent, Guardian Signature _____			Date _____