New Mexico Gynecology Consultants
Albuquerque, NM

Patient Information Worksheet

New Patient: ( )
Established Patient: ( )

Last Name:	**First Name:**	**M.I.**	**Maiden Name:**
Address:	**City:**		**State:** **Zip Code:**
Date of Birth: **Age:**	**Social Security Number:**		**Emergency Contact:**

Home Telephone:	**Work Telephone:**	**eMail address:**

Primary Care Physician:	Are there any types of Medications, blood products, or forms of Treatments which you **will not use** or **have an allergy**?

Insurance by: **Self: ( )**	**PRIMARY** Insurance Co. Name:		**ID Number:**	**Group Number:**
If by Spouse: **( )**	**Date of Birth:**	**Last Name:**	**First Name:**	M.I.
If by Parent: **( )**	**Date of Birth:**	**Last Name:**	**First Name:**	M.I.

Insurance by: **Self: ( )**	**SECONDARY** Insurance Co. Name:		**ID Number:**	**Group Number:**
If by Spouse: **( )**	**Date of Birth:**	**Last Name:**	**First Name:**	M.I.
If by Parent: **( )**	**Date of Birth:**	**Last Name:**	**First Name:**	M.I.

Notice of Financial Responsibility

I hereby authorize the release of my medical records and medical information (including HIV status) by any means (including FAX transmissions) to insurance carriers, other third party payors, and/or other medical facilities concerning my illness and treatment. I hereby authorize my insurance benefits to be paid directly to New Mexico Gynecology Consultants, PC. I understand that I am fully responsible for all charges and balances regardless of my insurance. If I am an HMO or PPO plan member, I have followed the guidelines for obtaining services from New Mexico Gynecology Consultants, PC. **If I do not have a valid referral from my Primary Care Doctor, I agree to pay all charges for services rendered. I agree that I am responsible for my co-payment at the time of service. I agree that in the event my HMO or PPO plan does not allow for these services, that I will be responsible for the service balance according to plan restrictions.**

Notice of Privacy Practices

I have been given the opportunity to review the "Notice of Privacy Practices for New Mexico Gynecology Consultants and Southwest Clinical Research" in accordance with the Health Insurance Portability and Accountability Act (**HIPPA**) of 1996.

Patient or Responsible Party (Signature):	Date: