avestēe
WOMEN'S IMAGING CENTERS

Emp. Int. _____

PATIENT INFORMATION
PLEASE FILL OUT COMPLETELY

Patient Name: _____DOB: _____

SSN: _____-_____-_____ Email: _____

Primary Phone #_____ (C)(H) Alternate #_____(C)(H)

Address: _____City _____State _____Zip_____

Primary Insurance: _____

Primary Policy Holder Name: _____

If Spouse DOB: _____ SSN: _____-_____-_____

Send results to: _____ OBGYN or Other: _____

Reason for visit today: _____

STATEMENT OF FINANCIAL RESPONSIBILITY
I understand and agree that, except as may be specifically limited to my health plan or health insurance, I am financially responsible for any and all charges for services rendered by Avestee Women's Imaging Center **(AWIC)** regardless of the existence of a health plan or health insurance and assignment of insurance benefits.

INSURANCE DISCLAIMER: **A quote of benefits does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.**

INSURANCE ASSIGNMENT
I hereby consent to the release of information to my insurance carrier regarding my treatment at AWIC. I further authorize payments to be made directly to AWIC for any insurance benefits to which I am entitled.

CONSENT OF MEDICAL RECORDS AND INFORMATION
I hereby consent and authorize AWIC to release any and all information in my medical records to my physician(s) and other health care providers involved in providing care to me. I hereby request and authorize health care provider(s) to release to AWIC: medical records, x-ray film/CD's, reports and pathology results as needed to assist AWIC in providing my medical consultation, care and/or treatment.

X_____
Sign Patient/Legally Authorized Person/Financially Responsible Party **Date**

Next Year you will receive a **reminder notification** for your scheduled appointment. To keep your appointment please reply confirm.

New location opening soon in Stone Oak! Would you like to schedule next year's appointment at our new location? 19016 Stone Oak Parkway Suite 280 San Antonio, TX 78258
Yes_____ NO_____