

**Beverly Hills Vein Center
Wayne S. Gradman, M.D., Inc.**

Date: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____ Age: _____
Last name First name Middle initial

Soc. Sec. number: _____ Drivers License # _____

Home Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

May we leave voice messages? Y N Where? _____

Occupation: _____ Employer: _____

Gender: __ (M) __ (F) Marital status: __ (Single) __ (Married) __ (Other)

Name of Spouse / Partner _____ Relationship _____

Emergency Contact _____ Relationship _____ Phone _____

HOW DID YOU FIRST HEAR ABOUT US or WHO REFERRED YOU TO US?

Internet _____ TV/RADIO _____ Friend/Relative _____

Magazine/Newspaper _____ Name of Primary Care Physician _____

Other source _____

PRIMARY INSURANCE

Insurance Company Name _____ Subscriber # _____ Group# _____

Company Address _____ City _____ State / Zip _____

Name of Subscriber if other than patient _____ Relationship _____ Subscriber's D.O.B. _____

PLEASE SUBMIT YOUR INSURANCE CARD WITH THIS FORM, SO THAT WE MAY MAKE A COPY.

SECONDARY INSURANCE

Insurance Company Name _____ Subscriber # _____ Group # _____

Company Address _____ City _____ State / Zip _____

Name of Subscriber if other than patient _____ Relationship _____ Subscriber's D.O.B. _____

ASSIGNMENT OF INSURANCE BENEFITS

I certify that I have insurance coverage with the above insurance carrier(s) and I hereby authorize Beverly Hills Vein Center A Medical Corporation, Wayne S. Gradman M.D., Inc., to release to the carrier any information that is necessary to obtain insurance benefits. I assign to Beverly Hills Vein Center A Medical Corporation, Wayne S. Gradman M.D., Inc., all insurance payments for medical services rendered. **I understand that I am financially responsible for all charges incurred, whether or not paid by insurance.** I acknowledge that I have received a copy of the Arbitration Agreement and the Notice of Privacy Practices of Beverly Hills Vein Center A Medical Corporation, Wayne S. Gradman M.D., Inc.

Patient Signature: _____ Date _____