



DATE:

LAST NAME		FIRST		MIDDLE INITIAL		DATE OF BIRTH	AGE
SOCIAL SECURITY NUMBER	SEX: M F	MARITAL STATUS S M W Div Sep		PRIMARY CARE PHYSICIAN			
LOCAL ADDRESS	STREET	CITY	ZIP	HOME PHONE () -			
ALTERNATE ADDRESS	STREET	CITY	ZIP	CELL PHONE () -			
EMPLOYER				WORK PHONE () -			
OCCUPATION (even if retired)		HOW LONG	RETIRED YES NO	DISABLED YES NO	BEST DAYTIME # HOME CELL WORK		
SPOUSE or PARENT'S INFORMATION:							
NAME			ADDRESS				
RELATIONSHIP	HOME PHONE () -	EMPLOYER			WORK PHONE () -		
PERSON RESPONSIBLE FOR PAYMENT:							
NAME			ADDRESS			PHONE	
INSURANCE CARRIERS: <i>Please complete this section and present card to receptionist</i>							

Primary Insurance

Carrier Name _____ ID # _____ Grp # _____

Name of Policy Holder: _____ Date of Birth _____ SS# _____
(As it appears on your card)

Secondary Insurance

Carrier Name _____ ID # _____ Grp # _____

Name of Policy Holder: _____ Date of Birth _____ SS# _____
(As it appears on your card)

INSURANCE AUTHORIZATION AND ASSIGNMENT OF BENEFITS:

I hereby acknowledge Gastroenterology Associates of Ithaca, P.C.'s (the practice) right to furnish information to insurance carriers concerning my medical condition and treatment. I hereby assign the practice all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. I also accept responsibility for fees that exceed the payment made by my insurance, if the practice does not participate with my insurance. I understand I am responsible for all fees and finance charges.

All Patient's Signature:	Date:
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MEDICARE ASSIGNMENT: (Medicare Patients Only)

I request that payment of authorized Medicare and Medigap benefits be made either to me or on my behalf to Gastroenterology Associates of Ithaca P.C.I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

Medicare Patient's Signature:	Date:
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