

CHUNG MEA HA, MD, PC
REGISTRATION (version 9/15/16)

Email address: _____

NAME _____ AGE _____ DOB _____ SSN _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ WORK _____ CELL _____

DRIVER'S LICENSE# _____ OCCUPATION _____ EMPLOYER _____

MARITAL STATUS _____ SPOUSE'S NAME _____ EMPLOYER _____

1ST EMERGENCY CONTACT: NAME _____ PHONE _____ RELATION _____

2ND EMERGENCY CONTACT: NAME _____ PHONE _____ RELATION _____

DO YOU PERMIT MEDICAL INFORMATION RELEASED TO ANY FAMILY MEMBERS? **YES/NO**

IF YES, WHOM? _____ RELATIONSHIP _____

DO YOU PERMIT CONFIDENTIAL INFORMATION ON YOUR ANSWERING MACHINE/VOICEMAIL? **YES/NO**

PRIMARY INSURANCE _____ SEONDARY INSURANCE _____

PRIMARY INSURANCE HOLDER _____ SECONDARY POLICY HOLDER _____

PRIMARY HOLDER SSN _____ SEDONDARY HOLDER'S SSN _____

PRIMARY HOLDER DOB _____ SEDONDARY HOLDER'S DOB _____

I understand that I am responsible for all fees regardless of insurance coverage and that charges are due at the time of service unless other arrangements have been made in advance of treatment. If Dr. Ha does bill my insurance I authorize her to release any or all of my medical records to my insurance companies for assigned payment of medical benefits. I also understand that I will be billed separately by the laboratory for tests other than Pap smears and some tests performed by Dr. Ha. Consent is hereby given to the physician to administer treatment and to perform such medical and/or surgical procedures that are deemed necessary.

SIGNATURE _____ DATE _____

NOTES FOR YOUR INFORMATION:

1. Original medical records belong to the treating physician.
2. Any persons 18 years of age or older must sign her own release.
3. A patient has the right to have copies forwarded to other healthcare professionals, however a signed release must be on file.
4. Records will only be released after the doctor's review.
5. I understand that I may revoke this authorization in writing at any time.
6. A copy of this authorization may be utilized as an original.
7. Records forwarded to other physicians will be at no charge. There may be a fee for other copies.