Haydee Docasar, M.D.

www.haydeedocasarmd.com

DEMOGRAPHIC & INSURANCE INFORMATION

CONFIDENTIAL

ANNUAL UPDATE

INFORMATION CHANGE

*****PLEASE PRINT*****

FULL NAME: ____**DATE OF BIRTH:** ____________________

AGE: ____________ SINGLE MARRIED DIVORCED OTHER: ____

SOCIAL SECURITY NUMBER: ____________________________ EMAIL: ____

ADDRESS: ____ APT/SPACE/UNIT #: _____________

CITY: ____ STATE: _________________ ZIP: _________________________

HOME PHONE: (   ) _________________ CELL: (   ) ______________________ WORK: (   ) ________________________

EMPLOYER: ____

PRIMARY INSURANCE: _________________________________ POLICY #: ________________ GROUP #: ____________

GUARANTOR INSURANCE INFORMATION: Self Spouse Parent

GUARANTOR NAME: _______________________________________ DOB: __________SS#: _________________________

ADDRESS: ____ APT/SPACE/UNIT #: _____________

CITY: ____ STATE: _________________________ ZIP: _________________

EMPLOYER: ____ PHONE: _________________________

SECONDARY INSURANCE: ______________________________ POLICY #: ________________ GROUP #: ____________

GUARANTOR INSURANCE INFORMATION: Self Spouse Parent

GUARANTOR NAME: _______________________________________ DOB: __________SS#: _________________________

ADDRESS: ____ APT/SPACE/UNIT #: _____________

CITY: ____ STATE: __________ ZIP: _________________

EMPLOYER: ____ PHONE: _________________________

PERSON TO NOTIFY IN CASE OF EMERGENCY: ____

PHONE: ___________________________________ RELATIONSHIP TO PATIENT: ____

I agree to be notified via e-mail regarding updates/announcements in the practice.

I do not agree to be updated via e-mail.

*Note: We do not give your email or personal information to any third parties.

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Reference Laboratory

Which laboratory is contracted with your Insurance company. Please circle below.

We do not check laboratory benefits.

****Please check with your insurance regarding lab processing and lab draw benefits****

QUEST LAB CORP LMC CPL I DON'T KNOW: INITIAL__________

My signature below indicates that the above information is accurate.

Signature: ____ Date: ________________

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