

BREAST SPECIALTY CARE
1010 LAS LOMAS NE STE 1 ALBUQUERQUE, NM 87102
PHONE: 505-248-1518 FAX: 505-248-1610

PATIENT INFORMATION (PLEASE PRINT)

NAME:

DATE OF BIRTH: _____ / _____ / _____ SEX: _____ SS #

_____ / _____ / _____

PHYSICAL ADDRESS:

MAILING ADDRESS:

CITY/STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ CELL: _____

(_____) _____

EMPLOYER: _____ WORK PHONE: _____

(_____) _____

EMAIL ADDRESS: _____ MARITAL STATUS: **S M D**

W

SPOUSE/DOMESTIC PARTNER: _____ PHONE: _____

(_____) _____

REFERRING/ PRIMARY PHYSICIAN:

ADDRESS:

CITY/ STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX:(_____) _____

FOR OFFICE USE ONLY:

UPIN#/ NPI# _____

INSURANCE INFORMATION

PRIMARY INSURANCE: _____ CO-PAY AMOUNT:

\$ _____

ADDRESS: _____ CITY/STATE:

ZIP CODE: _____ PHONE:

MEMBER/POLICY #: _____ GROUP/PLAN:

POLICY HOLDER NAME: _____ D.O.B:

_____/_____/_____

POLICY HOLDER S.S # ____/____/____ EMPLOYER:

SECONDARY INSURANCE: _____ CO-PAY AMOUNT:

\$ _____

ADDRESS: _____ CITY/STATE:

ZIP CODE: _____ PHONE:

MEMBER/POLICY #: _____ GROUP/PLAN:

POLICY HOLDER NAME: _____ D.O.B:

_____/_____/_____

POLICY HOLDER S.S # ____/____/____ EMPLOYER:

IF THE PATIENT IS A MINOR (UNDER18)

PARENT/GUARDIAN: _____ PHONE:

(____) _____

ADDRESS: _____ CITY/STATE:

ZIP: _____ D.O.B _____ / _____ / _____ SS #
_____ / _____ / _____

EMERGENCY CONTACT: _____ RELATIONSHIP:

CONTACT PHONE: (_____) _____ ALTERNATE PHONE:
(_____) _____

I the undersigned, certify that I (or my dependent) have insurance coverage with the insurance company (s) listed above and assign directly to SUSAN A. SEEDMAN, M.D., F.A.C.S., P.C. all insurance benefits if any, otherwise payable to me for services rendered. **I understand that I am financially responsible for all charges, whether or not paid by insurance.** I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

PRINT NAME OF RESPONSIBLE PARTY

DATE

SIGNATURE OF RESPONSIBLE PARTY

DATE