

Waco Gastroenterology Associates

364 Richland West Circle, Waco, Texas 76712
(254) 537-0911 Fax: (254) 537-0313

PATIENT INFORMATION

Today's Date: _____

Appointment with Dr. _____ DOB: _____ Age: _____ Social Security #: _____

Patient's Name: _____ Marital Status: Single Married Divorced Widow
Last Name First Name Middle Initial

Sex: M F Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Employer Name/Address: _____

Spouse: Name: _____ SSN: _____ DOB: _____

Spouse's Employer & Work Address: _____ Work Phone: _____

Contact Person Not Living with You: _____ Relationship: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Primary Insurance: _____ Name on Primary Card: _____

Secondary Insurance: _____ Name on Secondary Card: _____

Consent and Authorization for Release of Information / Assignment of Benefits New Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, WACO GASTROENTEROLOGY ASSOCIATES, originates and maintains paper and / or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I understand that this information serves as a basis for planning my care and treatment, a means of communication among the many health professionals who contribute to my care, a source of information for applying my diagnosis and surgical information to my bill, a means by which a third party payer can verify that services billed were actually provided, and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Notice of Information Practices that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges: