

PATIENT INFORMATION: (Please Print)

(Circle one) Marital Status: M S D W

Patient Last Name: _____ First: _____ MI: _____

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

Birthdate: ____/____/____ SS#: _____

Home Phone: () _____ Cell: () _____

E-mail: _____ How would you prefer to be contacted: (Circle one) Mail E-mail Phone

Employer: _____ Occupation: _____

Address/City/State/Zip: _____ Phone: () _____

Number, Sex, Age of Children: _____

Emergency Contact Person: _____ Relationship: _____ Phone: _____

Pharmacy: _____ Phone: () _____

Referred By: _____ My OB/GYN _____ My Primary Care Physician _____ AIOF Website _____ AIOF Print Advertising
_____ Friend/Patient _____ Other: _____

SPOUSE/PARTNER/LEGAL GUARDIAN INFORMATION:

(Circle one) Marital Status: M S D W

Last Name: _____ First: _____ MI: _____ Relationship: _____

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

SS#: _____ Home Phone: () _____ Cell: () _____ Birth date: ____/____/____

Employer: _____ Occupation: _____ Phone: () _____

Address/City/State/Zip: _____

INSURANCE INFORMATION:

Primary Insurance: _____ Subscriber Name: _____

Policy/Subscriber ID#: _____ Group#: _____ Spouse/Partner/Legal Guardian Covered By This Ins: Y N

Effective Date: _____ Address/City/State/Zip: _____

Spouse/Partner or Secondary Insurance: _____ Subscriber Name: _____

Policy/Subscriber ID#: _____ Group#: _____ Spouse/Partner/Legal Guardian Covered By This Ins: Y N

Effective Date: _____ Address/City/State/Zip: _____

PAYMENT POLICY/INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize K. Paul Katayama, M.D., SC dba Advanced Institute of Fertility ("Physician") to furnish information to insurance carriers, including Medicare, concerning my illness and/or treatment and I hereby assign to the Physician all payments for services rendered to myself or my dependents. This authorization shall remain in effect unless I specifically direct that no claims be filed for certain services. Signed this ____ day of _____, _____.

Patient: _____ Spouse/Partner: _____