Covina Arthritis Clinic

Today's Date_____

Patient's Personal Information

Name _____ **Soc. Sec. #** _____
LAST FIRST MIDDLE INITIAL

Home address _____
STREET # CITY STATE ZIP

Phone: **Home** _____ **Work** _____ **Cell** _____

Email Address_____

Sex ☐ M ☐ F Marital status ☐ Single ☐Married ☐Widowed ☐Separated ☐Divorced

Date of birth _____ **Driver license #/ State** _____

Employer name _____ **Occupation** _____

Business address _____
STREET # CITY STATE ZIP

Referring Physician _____ **Primary Care Physician**_____

In case of emergency, who should we notify_____ **Phone #** _____

Insurance Information

Primary insurance _____

Insurance ID # _____ **Group #** _____ **Effective Date:**_____

Policy Holder: _____ **DOB:** _____ **SS#:** _____ **Relationship:** _____

Secondary Insurance: _____

Policy #: _____ **Group #:**_____ **Effective Date:** _____

Policy Holder: _____**DOB:** _____ **SS#:** _____ **Relationship:** _____

Pharmacy/Drug Coverage

Pharmacy/Drug Coverage / Medicare Part D: _____ **ID:** _____ Effective: _____

RxBin: _____ RxPCN: _____ RxGroup: _____

Preferred Pharmacy (name, city, road):_____

Assignment and Release

I hereby authorize **Samy Metyas MD, Inc** to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I hereby assign directly to **Samy Metyas, MD, Inc**. 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 understand that, under my health plan terms, I may be required to pay a co-payment on each visit. Payment is due at the time services are rendered. All non-authorized/non-covered services are subject to full fee-for-services. If for some reason I am not eligible at the time of services rendered, I will be responsible for 100% of the bill. It is my responsibility to make certain that I am eligible and obtain all necessary authorizations.

_____ _____ _____

RESPONSIBLE PARTY SIGNATURE **RELATIONSHIP** **DATE**