

**PATIENT INFORMATION**



Demographic Sticker

Last Name		First Name		MI
Address		City	State	Zip
Date of Birth	Social Security No.	Driver's License No.	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
Home Phone	Work Phone	Cell Phone	Patient E-Mail	
Name of Partner		Date of Birth	Social Security No.	
Partner E-Mail		Work Phone	Cell Phone	

I understand that Ovation Fertility is not contracted with all insurance companies or any government sponsored health plans, such as Medicare, Medicaid, or Tricare and that payment in full is due at the time of service unless otherwise advised. I understand that upon request, Ovation Fertility will submit a claim to my insurance company (excluding any government sponsored health plans) as a courtesy, and I acknowledge that it is my responsibility to contact them regarding the status of any claims submitted on my behalf. I authorize the release of any medical records or other information necessary to process my claim. By providing the above information, I have consented to be contacted by Ovation Fertility at any of the above addresses, email or telephone numbers. I further agree that a photocopy of this agreement is as valid as the original.

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

**I authorize Ovation Fertility to release the following information to:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Check all that may be released:     Laboratory Results     Financial     All Information     None

I understand that this authorization is valid for twelve (12) months from the date of signature unless otherwise revoked in writing to the address listed above.

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_