

Dr. Gaurang R. Patel, M.D.

Dr. Natverlal Patel, M.D.

Dr. Leena Benoy, M.D.

Dr. Jigisha Chaudhary, M.D.

Dr. Vidya Sonavane, M.D.

Dr. Arunasree Dubbaka, M.D.

PATIENT INFORMATION

LAST NAME

Grid for LAST NAME (26 columns)

FIRST NAME

Grid for FIRST NAME (26 columns)

SEX: M ___ F ___ DATE OF BIRTH _____ ALLERGIES: YES () _____ NO ()
MONTH/DAY/YEAR

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME _____ WORK _____ CELL _____

FATHER/MOTHER/GUARDIAN (PLEASE CIRCLE ONE)

LAST NAME

Grid for LAST NAME (26 columns)

FIRST NAME

Grid for FIRST NAME (26 columns)

SEX: M ___ F ___ DATE OF BIRTH _____ SS # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(if different)

HOME _____ WORK _____ CELL _____

FATHER/MOTHER/GUARDIAN (PLEASE CIRCLE ONE)

LAST NAME

Grid for LAST NAME (26 columns)

FIRST NAME

Grid for FIRST NAME (26 columns)

SEX: M ___ F ___ DATE OF BIRTH _____ SS # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(if different)

HOME _____ WORK _____ CELL _____

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENTS OF BENEFITS

Permission of patient contact: In the event that we cannot contact you, we will leave a message on any of the phone numbers listed above. I authorize the release of my medical information necessary to process my claim. I permit a copy of this authorization to be used in place of the original. I hereby authorize pediatricians Dr. Gaurang R. Patel and Dr. Jigisha Chaudhary, M.D. to apply for benefits on my behalf for covered services rendered by the physicians. I request from my insurance company that payment be made to Dr. Gaurang R. Patel and Dr. Jigisha Chaudhary, M.D. I permit a copy of the authorization to be used in place of the original. It is the policy of this office to require payment for services rendered at the time of treatment. I also understand that I am financially responsible for services that are not covered by my insurance company. My signature below indicates that I have received and reviewed Dr. Gaurang R. Patel's notice of privacy practices.

Signature of Parent/Guardian: _____ Date: _____