

# WOMANCARE CENTERS, PLC

400 GRESHAM DRIVE, NORFOLK, VA 23507-1991 ☐(757) 623-3845

athenaNet Patient ID _____	
Patient Last Name _____	Guardian Last Name _____
Patient First Name _____	Guardian First Name _____
Patient Middle Name _____	Guardian Middle Name _____
Nick/Preferred Name _____	Emergency Contact Name _____
Patient Sex _____	Emergency Contact Relation _____
Marital Status _____	Emergency Contact Phone _____
Patient DOB _____	Age _____
Patient SSN _____	Employer Name _____
Address _____	Employer Address _____
City _____	Employer Phone _____
State _____	Patient Occupation _____
Zip _____	Religion _____

Home Phone Number _____
Work Phone Number _____
Mobile Phone Number _____
Primary Insurance _____
Primary Insurance ID# _____
Policy Holder Name _____
Policy Holder DOB _____
Policy Holder SSN _____
Secondary Insurance _____
Secondary Insurance ID# _____
Policy Holder Name _____
Policy Holder DOB _____
Policy Holder SSN _____
Policy Holder Employer _____

<b>Guarantor Information</b>	
<i><b>Guarantor (name to whom statements are sent)</b></i>	
Guarantor Last Name _____	
Guarantor First Name _____	
Guarantor Middle Name _____	
<i><b>Guarantor Address (if different from patient's)</b></i>	
Guarantor Address _____	
Guarantor City _____	
Guarantor State _____	
Guarantor Zip _____	
<i><b>Optional Guarantor Information</b></i>	
Guarantor SSN _____	
Guarantor Phone _____	
Guarantor Employer _____	

I hereby authorize any member of the Mid-Atlantic Women's Care practice or their designates to provide medical treatment.

I authorize the release of medical information to process my claims, and authorize Mid Atlantic Women's Care's direct receipt of insurance payment for professional treatment/services rendered.

I understand that I am financially responsible for payment of all services at the time that they are rendered, unless other arrangements have been established. If the account becomes delinquent, the undersigned agrees to be responsible for collection agency and/or attorney's fees in the amount of 40%. I may also be responsible for court costs and litigation costs associated with any necessary collection procedures brought about by WOMANCARE CENTERS, PLC, Mid-Atlantic Women's Care, should that be necessary.

PATIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_