



## ASPEN MEDICAL GROUP, INC.

“Quality Healthcare Specializing in Women’s Health and helping families grow”

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver’s License# \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Widow \_\_\_ Divorced \_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Responsible Party Information

Relationship: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Emergency Phone #1:** (\_\_\_\_) \_\_\_\_\_ **Name and Relationship:** \_\_\_\_\_

**Emergency Phone #2:** (\_\_\_\_) \_\_\_\_\_ **Name and Relationship:** \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Medical: \_\_\_\_\_ Medicare: \_\_\_\_\_

ID#: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_

### AUTHORIZATION TO PAY PHYSICIAN

I hereby authorize payment directly to *Aspen Medical Group, Inc.* of the medical expenses benefit payable to me I hereby authorize the release of any or all medical information to my insurance company as may be necessary for the completion of claims for payment. I agree to notify this office immediately if my benefits change. I understand I am financially responsible for any balance or charges not covered by insurance carrier.

Today’s Date: \_\_\_\_\_ Patient’s Signature: \_\_\_\_\_

Today’s Date: \_\_\_\_\_ Guarantor/ Responsible: \_\_\_\_\_

Riverside Office (1): 4000 14<sup>th</sup> Street, Suite 401, Riverside, CA 92501 • 951-788-6012 • 951-788-6369

Riverside Office (2): 9041 Magnolia Ave, Suite 305, Riverside CA 92503 • 951-343-3477 • 951-343-3486

Corona Office: 900 South Main St. Suite 209B, Corona, CA 92882 • 951-735-6969 • 951-735-8560

Banning Office: 264 N. Highland Springs Ave, Bldg 1, Ste D, Banning, CA 92220 • (951) 922-8038 • (951) 922-8039