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WOMEN'S HEALTH SERVICES Registration & Consent

Date: _____

Account # _____

Last Name: _____ First Name: _____ Middle Initial: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: ____ Female Male Single Married Divorced Widow Social Security #: _____

Phone Number to contact you or to leave a message (____) _____ Employment: _____

Emergency Contact Name: _____ Relationship: _____ Phone #: (____) _____

May we send you mail (such as test results or appointment reminders)? Yes No --I do not want mail sent to my home for confidential reasons

Please select (circle) one:

Please select (circle) one or more:

Ethnicity: Not Hispanic or Latino
Hispanic or Latino

Race: White
Black or African American
Asian

American Indian
Native Hawaiian or
Other Pacific Islander

Insurance Information

Do you have health insurance? Yes No Unknown *(If yes, please show receptionist your card & enter information below)*

Primary Insurance

Secondary Insurance

Name of Insurance Company _____

Name of Policy Holder: _____

Identification #: _____ Group #: _____

_____ Group #: _____

Employer of Policy Holder: _____

Prescription Plan Name: _____

May we bill your insurance for services at WHS? Yes No

The above information is true to the best of my knowledge. I authorize the insurance company or any third party payer to pay any benefits due directly to Women's Health Services (WHS). I also authorize WHS or the insurance company to release any information required to process my claims. I understand that WHS has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to WHS, I agree to forward to WHS all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt. ***I understand that I am financially responsible for the account even though insurance may be pending on all or a portion of the charges.***

X _____
Patient Signature

Date

Office Use Only:			
# in Household _____	Income: \$ _____ per _____	Discount Level: _____	
FP Method: _____	Did patient need interpreter assistance? Y N	Staff: _____	

GENERAL CONSENT FOR CARE AND TREATMENT: I consent to receive services offered to me (or my child) by Women's Health Services (WHS). I understand that the information contained in my record is confidential and will not be released without my written consent.

SIGNED (patient or guardian): _____ DATE: _____

FOR WOMEN RECEIVING PRENATAL CARE (TO INCLUDE DELIVERY): I give permission for WHS to provide and coordinate health care services during my pregnancy and delivery. I have been informed that I will be responsible for payment for services received elsewhere. I give permission to WHS to provide information that is considered pertinent to provide quality care to the following providers with whom WHS has a contract or professional relationship: Mercy Medical Center, Trinity at Terrace Park, or Genesis Health System, Metropolitan Labs or other laboratory handling my lab specimens, and/or other medical facilities to which I may be referred.

SIGNED (patient or guardian): _____ DATE: _____

AUTHORIZATION FOR FAMILY PLANNING SERVICES:

1. I have been informed of the different methods of birth control and have had the chance to discuss them. I have chosen _____ as my method and was provided with information explaining the use of the method and possible problems that may be experienced. If I have problems with my birth control method, I will contact Women's Health Services.
2. I understand that my record may be reviewed by the Family Planning Council of Iowa in order to verify that quality services were provided. I understand that this information will remain confidential.
3. Only for patients desiring free or reduced price family planning services:
I certify that my gross household income is \$ _____ per _____. If I am eligible for reduced price services, I agree to pay according to level _____ of the WHS fee schedule.

SIGNED (patient or guardian): _____ DATE: _____

WITNESS: _____ DATE: _____
WHS Staff Member