

**OB GYN Specialists of Tulsa PLLC.**

Provider:

**PATIENT INFORMATION:**

Name

DOB:

Mobile:

Address:

Home:

Work:

Employer:

Email Address:

PCP:

Referred by:

Marital Status:

**SPOUSE/Emergency Contact:**

**PHONE #**

Name:

Name:

**INSURANCE INFORMATION**

Primary Ins:

Insured Name:

Policy #

Group #

Secondary Ins:

Insured Name:

Policy #

Group #

I authorize OB/GYN Specialists of Tulsa to furnish information to my insurance carrier(s) concerning my illness and treatments, and thereby assign to the physician(s) all payments for medical services rendered to myself or dependents. I understand I am responsible for all fees, regardless of insurance coverage.

PATIENT SIGNATURE:

DATE: