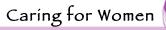


Emily Rekuc, D.O.
79440 Corporate Center Dr. St 102
La Quinta, California 92253
Phone: (760) 777-4067 Fax: (760) 777-4096

Date:			
Patient Name	Age	9:	
Date of Birth:	Social Security#		Sex: M F
Marital Status (circle one) Single	Married Widowed Divorced	Separated	
Preferred Language	Ethnicity/Race		
Home Address	City	State	Zip
Home Telephone	Cellular Telephone		
Patient Employer	Telephone		
Emergency Contact	Telephon	ne	
If patient is a minor, fill in respon	isible parent or guardian:		
Responsible party	Relationship	Telephone	
Pharmacy Information			
Pharmacy Name	Telephone	e	
Street Address	City	State	Zip
Insurane Information			
Insurance Carrier	Member ID		
Name of Subscriber	Date of Birth	SS#	
Secondary Carrier	Member ID		
Name of Subscriber	Date of Birth	SS#	
Whom may we thank for referring y	you to our office?		
Payment for services rendered is to	be made as follows:		
"I request that payment of authorized in to me by the physician/supplier. I autho (HCFA/CMMS), my Insurance Carrier, the benefits payable for related service, specific release authorization. I am final items (which have been explained to me to an attorney due to delinquency or non costs and reasonable attorney fees."	rize the practice to release to the F and/or its agent's appropriate info in accordance with HIPPA guidel ncially responsible for appropriate e from information supplied by my	Health Care Financi ormation needed to ines. Release of othe deductibles, copay y carrier). If this acc	ng Administration determine these benefits her information requires yments, and non-covered count has to be turned ov
X	X		
X Signature of Beneficiary or Parent/Gu	uardian Date	e	



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Request / Refusal of Interpreter Services

If you require interpreter services other than Spanish, we will need to make advance arrangements. Y have to call and alert the office staff of this in a timely manner so these services can be provided.	'ou will
Yes, I request interpreter Services in the following language:	
No thank you, I prefer to use my family or a friend as an interpreter.	
I Do not require interpreter services.	