

Caring for Women

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: _____

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 _____ Telephone _____

If patient is a minor, fill in responsible parent or guardian:

Responsible party _____ Relationship _____ Telephone _____

Pharmacy Information

Pharmacy Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Insurance 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 you to our office? _____

Payment for services rendered is to be made as follows:

“I request that payment of authorized insurance benefits be made to Emily Rekuc, D.O., Inc. services or items furnished to me by the physician/supplier. I authorize the practice to release to the Health Care Financing Administration (HCFA/CMMS), my Insurance Carrier, and/or its agent’s appropriate information needed to determine these benefits or the benefits payable for related service, in accordance with HIPPA guidelines. Release of other information requires specific release authorization. I am financially responsible for appropriate deductibles, copayments, and non-covered items (which have been explained to me from information supplied by my carrier). If this account has to be turned over to an attorney due to delinquency or non-payment, I will be responsible for all costs of collection including the court costs and reasonable attorney fees.”

X _____
Signature of Beneficiary or Parent/Guardian

X _____
Date

Caring for Women

Emily Rekuc, D.O.

79440 Corporate Center Dr. St 102

La Quinta, California 92253

Phone: (760) 777-4067 Fax: (760) 777-4096



Request / Refusal of Interpreter Services

If you require interpreter services other than Spanish, we will need to make advance arrangements. You will have to call and alert the office staff of this in a timely manner so these services can be provided.

_____ 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.