ARMITY A. SIMON, M.D.
TARA BRODKIN, M.D.
Obstetrics & Gynecology

IMPORTANT

All payments including co-pays and co-insurance are due at the time of service. Please arrange to have authorization done before your appointment if your insurance plan requires pre-authorization for our services. Please check your insurance coverage before your appointment if you are coming in for a Well Woman visit.

Patient name _____ Phone _____ Date _____

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____ Phone _____

Marital status _____ Birth date _____ Age _____ SSN# _____

Okay to contact you and leave message at: ❑ Work ❑ Home ❑ Cell Cell Phone _____

Referred by _____ to ❑ Dr. Simon ❑ Dr. Brodkin

Spouse/Parent name _____ Birth date _____ Age: _____ SSN# _____

Employer _____ Occupation _____ Phone _____

Nearest relative _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Primary Ins. co. _____ Name of insured _____

Birth date _____ SSN# _____ Employer of insured _____

Insurance address _____ Group# _____ Policy # _____

Secondary Ins. co. _____ Name of insured _____

Insurance address _____ Group # _____ Policy # _____

PLEASE READ:

All charges are due at the time of service. If surgery is indicated, payment arrangements may be made and the patient is responsible for furnishing insurance forms to the office prior to surgery. AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to Dr. Armity A. Simon/Dr. Tara Brodkin for the surgical and/or medical service. I understand that I am financially responsible for all charges. I also authorize the release of necessary medical information to the insurance company to assist in processing my medical claims.

If not covered by insurance, how do you plan to pay for this visit? ❑ Cash ❑ Check ❑ Visa ❑ Mastercard

CONSENT TO TREAT:

I _____, hereby consent to receive medical care to be administered by Armity A. Simon, M.D. and Tara Brodkin, M.D.

A PHOTOCOPY OF THIS SIGNATURE IS ACCEPTABLE AS THE ORIGINAL

_____

Signature Date

9070 East Desert Cove, Suite 102
Scottsdale, Arizona 85260

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www.drtarabrodkin.com