

Fanny J. Berg, M.D., P.A.
Foulk Road Office Park Plaza
2000 Foulk Road, Suite A
Wilmington, DE 19810
(302) 475-8000 (302) 475-8043 (fax)

PERSONAL INFORMATION

Today's Date _____

Patient Name _____ Age _____ Date of Birth _____
 First Middle Initial Last

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Social Security # _____ - _____ - _____

Email (**please write clearly**) _____

Primary Care Physician's **Full Name**, Address, Phone _____

If patient is a minor, name of responsible person(s) _____

INSURANCE INFORMATION

Be sure to bring your current insurance card(s) and photo ID with you to the appointment.

PRIMARY INSURANCE	SECONDARY INSURANCE (IF APPLICABLE)
Insurance Company:	Insurance Company:
ID/Member #:	ID/Member #:
Group #:	Group #:
Co-Pay, if any (for a Specialist):	
Subscriber's/Policy Owner's Name:	
Subscriber's Date of Birth:	
Subscriber's Social Security #:	
Patient's Relationship to Subscriber: Self Spouse Child Other	
Does your <u>primary</u> insurance require a referral to see a Specialist ? YES NO If YES, please contact your primary care physician in advance of your appointment.	

SIGNATURE

Payment is required at the time of service. However, if treatment (other than office visits) is submitted to insurance, I understand that I am responsible for all deductibles and co-pay balances. I also authorize my insurance company to make payment directly to Fanny J. Berg, M.D., P.A., for services not directly paid by me.

Signature _____ Date _____

MEDICARE PATIENTS ONLY

If you are enrolled in Medicare, please read and sign below:

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Fanny J. Berg, M.D., P.A., for any services furnished to me by this physician. I authorize any holder of medical information about me to release to the healthcare financing administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Signature _____ Date _____