

Advanced Allergy & Asthma Care, PLLC

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PATIENT REGISTRATION

Name _____ Date of Birth: _____
Soc. Sec. No. _____ Marital Status: Single Married Widowed Separated Divorced
Street Address: _____
City: _____ State _____ Zip _____
Telephone: Home _____ Office _____ Cell _____
Spouse Name: _____ Office _____ Cell _____
Email address (to notify you of changes in office hours, not for solicitation): _____

Please complete this box only if you are a seasonal/winter/out of state resident:

Address (out of state) _____ City _____
State _____ Zip _____ Tel.No. _____ Cell No. _____

PATIENT EMPLOYER INFORMATION

Employer Name _____ Tel _____ Occupation _____

INSURED PERSON (IF NOT PATIENT)

Name _____ Tel _____ Relationship _____
Date of Birth of Policy Holder _____ Social security number _____
Street Address _____ City/State _____ Zip _____

INFORMATION AND ASSIGNMENT OF BENEFITS

I authorize the release of any medical information necessary to process this claim. I permit a copy of this authorization to be used in place of the original.

Signature _____ Date _____

Name (In Bold letters) _____ Relationship to Patient _____

I hereby authorize Advanced Allergy and Asthma Care, PLLC to apply for benefits on my behalf for covered services rendered by them or by their order. I request that payment from my insurance company be made directly to Advanced Allergy Asthma Care, PLLC. (or to the party who accepts the assignment).

I certify that the information I have reported with regard to my insurance coverage is correct.

I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my Insurance company at any time in writing.

Printed Name _____ (Patient/Parent/Guardian)

Signature _____ Date _____ Witness _____

Emergency Name and Contact Information:

The following questions are optional for Electronic Health Records data collection:

RACE: White, Black, Asian American, Indian or Alaska Native, Native Hawaiian, Pacific Islander

ETHNICITY: ARE YOU HISPANIC/LATINO? YES / NO

PREFERED LANGUAGE: ENGLISH OR OTHER _____

____ I DECLINE TO ANSWER