

PATIENT INFORMATION				DATE:	
<b>Legal Name:</b>	Last Name	First Name	Nickname:	Mid Init	Social Security # - -
Date of Birth (mm/dd/yyyy) / / 19		Age			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Home Address		City	State	Zip	Message Phone # ( )

CONTACT INFORMATION:					
Patient's Employer			Currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient's work description:					
Work Address		City	State	Zip	Phone # ( )
In Case of Emergency, Notify				Relationship	Phone # ( )

MEDICAL INSURANCE:				
Primary Insurance	Policy Holder Name	Relation to Patient	Policy #	Group #
Secondary Insurance	Policy Holder name	Relation to Patient	Policy #	

PATIENT'S PRIMARY CARE PHYSICIAN INFORMATION:				
Primary Care Physician			Specialty	
Address	City	State	Zip	Phone # ( )

**INSURANCE ASSIGNMENT / PATIENT FINANCIAL RESPONSIBILITY:**

I request that payment under my insurance plan be made to A Woman's Place of Fort Collins, PLLC (AWPFC), for all services/charges furnished to me by AWPFC. I agree to be responsible for payment of all services/charges rendered by AWPFC to me. I also authorize AWPFC to release to my insurance company or its agents, information for any insurance claim. I also permit a copy of this authorization to be used in place of the original. In the event of nonpayment or underpayment of any charges/services by my insurance company, I understand and agree to be responsible for any charges/services, including a charge of \$20 per month on my unpaid balance. I agree to submit to binding arbitration with AWPFC (the arbitrator to be selected by AWPFC), to be held in Fort Collins, CO, regarding any dispute or collection concerning my account in lieu of court proceedings. The Colorado Uniform Arbitration Act shall apply to all such disputes, with the exception that AWPFC shall select the arbitrator. I agree to pay for all arbitration costs as well as all fees charged for time spent by any and all of AWP's representatives and witnesses, to be billed at \$300 per hour pursuing any such dispute or collection matter. The arbitrator's decision shall be final binding judgment to be entered in a Larimer County, Colorado Court.

By my signature below, I acknowledge reading and agreeing to the above terms.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_