Carlos Almaguer, M.D., F.A.C.O.G.
Board Certified In Obstetrics & Gynecology

Dr. Almaguer & Associates
The Right Choice for Women

2300 S. McColl Road, Suite A
McAllen, Texas 78503
Ph: (956) 668-9100
Fax: (956) 668-9101

PATIENT INFORMATION

CHART # _____ REFERRED BY _____DATE _____

PATIENT NAME _____
LAST FIRST MIDDLE

ADDRESS _____
CITY ZIP CODE

HOME PHONE # _____ WORK # _____ CELL #_____

SOCIAL SECURITY #_____ DOB_____AGE_____

EMPLOYER'S NAME_____ EMPLOYER'S ADDRESS_____

EMAIL ADDRESS:_____@_____.COM

SPOUSE INFORMATION

NAME _____ DOB _____ SS#_____

CELL#: _____ EMPLOYER'S NAME & ADDRESS _____

TWO EMERGENCY CONTACTS OTHER THAN SPOUSE: (friend, neighbor, grandparents, etc.)

1. NAME _____ RELATION_____
   HOME# _____ WORK/CELL #_____

2. NAME _____ RELATION _____
   HOME# _____ WORK/CELL # _____

INSURANCE INFORMATION

INSURANCE NAME & ADDRESS _____

POLICY HOLDER'S NAME _____RELATION TO PATIENT_____
POLICY#_____ GROUP# _____ DOB _____ EMPLOYER_____

CONSENTS

_____INSURANCE AUTHORIZATION: I HEREBY AUTHORIZE CARLOS ALMAGUER, MD TO FURNISH INFORMATION TO MY INSURANCE CARRIERS CONCERNING MY ILLNESS AND TREATMENTS.

_____ASSIGNMENT OF BENEFITS: I HEREBY AUTHORIZE CARLOS ALMAGUER, MD ALL PAYMENTS FOR MEDICAL SERVICES RENDERED TO MYSELF OF DEPENDENTS. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY MY INSURANCE.

PATIENT SIGNATURE _____ DATE _____

Carlos Almaguer, M.D., F.A.C.O.G.
Board Certified In Obstetrics & Gynecology

Dr. Almaguer & Associates
The Right Choice for Women

2300 S. McColl Road, Suite A
McAllen, Texas 78503
Ph: (956) 668-9100
Fax: (956) 668-9101

Welcome to Women's Specialists of McAllen

The goal of this practice is to provide patients with excellent medical services in a friendly, caring atmosphere. To better assist you and ensure prompt payment by your insurer, we will make a copy of the following:

1. Insurance Card
2. Driver License Photo ID
3. Social Security Card

FULL PAYMENT is expected at time of service unless prior financial arrangements have been made with our Office Manager. For your convenience, we accept Cash, Personal Checks, and Credit Cards.

As a courtesy, we are happy to file your insurance claims. Any deductible, co-payments, and/or co-insurance must be paid at the time of service. Please provide us with accurate and updated information regarding change of **INSURANCE CARRIER, ADDRESS, EMPLOYMENT AND TELEPHONE NUMBER**.

FOR ALL SERVICES RENDERED TO MINORS: The adult accompanying, the patient is responsible for payment

In consideration, of our limited space and for the comfort of other patients, we ask that you not to bring your children during your office visit. Should you bring them they must be accompanied by an adult in the lobby and they will not be able to go to the back.

In order to provide the best possible service and availability to all our patients, our policy asks that you cancel your appointment ***24 hours before your scheduled appointment. Failure to do this may result in a $25.00 charge.***

FEES FOR SERVICES:

Sending medical records upon patients request to another health care provider

$25.00	For the 1st 20 pages (0.50 per additional pages)
$50.00	Completing insurance or disability forms
$10.00	Copies of yearly statement
$1.00	Copies of labs or encounter forms

IN ORDER TO KEEP OUR WAITING AREA CLEAN FOR YOU
NO FOODS OR DRINKS ALLOWED!!

Your satisfaction is very important to us. We appreciate your trust and confidence. Please address any questions, suggestions, or concerns regarding fees or services to our Office Manager.

I HAVE READ AND I UNDERSTAND THE POLICIES OF THE PRACTICE. I AGREE TO ABIDE BY ITS TERMS. I ALSO UNDERSTAND THAT SUCH TERMS MAY BE AMENDED FROM TIME TO TIME BY THE PRACTICE

_____ _____
Signature of Patient and/or Responsible Party Date

Carlos Almaguer, M.D., F.A.C.O.G.
Board Certified In Obstetrics & Gynecology

Dr. Almaguer & Associates
The Right Choice for Women

2300 S. McColl Road, Suite A
McAllen, Texas 78503
Ph: (956) 668-9100
Fax: (956) 668-9101

I, _____, certify that the insurance information which I have provided Women's Specialists of McAllen is my primary coverage. I understand that if my insurance withholds payment because I provided information which is incorrect, I will be responsible for any unpaid charges.

_____ _____
Patient's Signature Date

INSURANCE AUTHORIZATION

I, _____, hereby authorized Women's Specialists of McAllen to furnish information to my insurance carriers concerning my illness and treatment.

_____ _____
Patient's Signature Date

Carlos Almaguer, M.D., F.A.C.O.G.
Board Certified In Obstetrics & Gynecology

Dr. Almaguer & Associates
The Right Choice for Women

2300 S. McColl Road, Suite A
McAllen, Texas 78503
Ph: (956) 668-9100
Fax: (956) 668-9101

PRIVATE PAY AGREEMENT

I understand that Dr. Almaguer and Associates is accepting me as a pay patient for the period _____, and I will be responsible for paying for services I receive. The provider will not file a claim to Medicaid for services provided to me during that period.

_____ _____
Patient's Signature Date