Lifespring Women's Healthcare

1200 S.E. 28th St., Ste 2, Bentonville, AR 72712

J. Todd Hannah, MD * Lawrence Schmitz, MD * Amy Fry, MD

* Lorie Oswalt, APN * Jeanice Ball, APN

Referred by ____________

Patient's First Name: __________________________ M.I. ____Last: _______________________

Previous Last Name: __________________________

Marital Status: M S D W SS#: _________________ Date of Birth: ______________

Ethnicity:_____Race:_____Religion:_______________Preferred Language:_________

Address: ____________________________________Apt

City/State/Zip: ____

Home Phone#: ______________________ Cell: __________________Work #: _________________

Employer: ________________________ Email:_____________________

PREFERRED PHARMACY **LOCATION**

Spouse or Guardian _______________________________________ *D.O.B:* _______________

SS#: _____________________ *Cell #:* ________________ *Employer:* ______________________

EMERGENCY CONTACT

Name: _________________ Relationship: __________________ Cell#: ________________

INSURANCE INFORMATION: (PLEASE INCULDE THIS INFORMATION, EVEN IF CARD WERE SCANNED)

PRIMARY INSURANCE: _ SECONDAY INSURANCE:

PRIMARY ID# SECONDAY ID#:

PRIMARY GRP# SECONDARY GRP#

WHO IS THE INSURANCE SUBSCRIBER? (Circle one): PATIENT SPOUSE GUARDIAN / OTHER

IF MARKED OTHER PLEASE NAME SUBSCRIBER BELOW:

SUBSCRIBER NAME: DOB SS#

EMPLOYER RELATIONSHIP TO PATIENT

PLEASE HAVE INSURANCE CARD (S) AND PICTURE ID AVAILABLE FOR A COPY!

By signing below I authorize that all insurance payments, if any, be made payable to the provider of service. I understand that I am responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. All charges are due and payable at the time of services unless otherwise specified. I authorize the use of this signature of all insurance submissions.

______________________________________ ____________________ _______________

Signature of Patient or Legal Guardian **Relationship** **Date**