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EXISTING PATIENT UPDATE INFORMATION FORM

Provider you are seeing today _____ Referred by _____
Patient Name _____ Date of Birth _____ SSN # _____
Address _____ City _____ State _____ Zip _____
Home # _____ Work # _____ Cell # _____
Email _____ May we email you personal info? Y/N

Best number to call with test results _____ Is it OK to leave message? Y/N

Your employer _____ Address _____
City _____ Zip _____ Phone # _____

In case of emergency notify _____ Relationship _____
Home # _____ Work # _____ Cell # _____

I do/do not give permission for my medical information to be shared with (list names):

INSURANCE INFORMATION

PRIMARY INSURANCE

Insurance name _____ ID # _____ Group # _____
Name of Insured _____ Date of Birth _____
Insured SS # _____ Relation to patient _____
Insured Employer _____ Address _____
City _____ State _____ Zip _____ Phone # _____

SECONDARY INSURANCE

Insurance name _____ ID # _____ Group # _____
Name of Insured _____ Date of Birth _____
Insured SS # _____ Relation to patient _____
Insured Employer _____ Address _____
City _____ State _____ Zip _____ Phone # _____

IMPORTANT INFORMATION

- | All patients are required to give a 24 hour notice for any appointment cancellations. There will be a \$25.00 charge for all missed appointments without this notice.
- | There is a charge for copying of all medical records. Please give a written request. First 20 pages \$25.00 plus .50 for every page after that. This office has 30 days to fulfill your request.
- | There are miscellaneous charges for additional clerical services (i.e. disability forms, physician letters, etc.). Please ask our front desk for details.

I hereby authorize the provider indicated above to furnish information to insurance carriers and I hereby irrevocably assign all benefits for payment for medical services rendered to this provider. Verification of benefits are not a guarantee of payment by the insurance company. I understand that I am responsible for all charges whether covered by insurance or not.

Patient Signature _____ Date _____

Guarantor Signature _____ Date _____