

Old Fort Bay Pediatrics

Maria D. Francis, MD

Old Fort Bay Town Centre · P. O. Box SS-19633 · Nassau, The Bahamas
Tel: (242) 377-7050/51 Fax: (242) 377-7052

Pediatrics

Internal Medicine

PATIENT'S FRONT SHEET

Date: _____

Name: _____

Address: _____

P. O. Box: _____ Date of Birth: _____ Age: _____

Telephone (H) _____ (W) _____

(Cell) _____ (E-mail) _____

Employer: _____ Occupation: _____

Next of Kin: _____

Relationship: _____ Telephone Contact: _____

INSURANCE INFORMATION

Primary Insurance: _____ Group # _____ ID# _____

Name of Insured: _____ Relation to Insured: _____

Secondary Insurance: _____ Group # _____ ID# _____

Name of Insured: _____ Relationship to Insured: _____

Referred by: _____

Allergies: _____

ASSIGNMENT OF BEBEFITS: I authorize payment of benefits to supplier for services rendered. I understand that I am financially responsible to any balance not covered by my insurance.

Signed: _____ Date: _____

RELEASE OF INFORMATION: I authorize the release of any information necessary to process this claim medical or incidental.

Signed: _____ Date: _____