10600 Quivira Road, Suite 110 • Overland Park KS 66215 • 913-541-9495
1262 West Amity • Louisburg KS 66053 • 913-837-3199

Patient Information

Date _____ Referral by _____ Email _____
Legal Name _____ Maiden _____
First Middle Initial Last
Soc. Sec. _____ DL # _____ Age ____ DOB _____
Address _____ City _____ State ___ Zip _____
Home Phone _____ Work _____ Ext ___ Cell _____
Employer _____ Address _____
City _____ State ___ Zip _____ Occupation _____

Spouse/Parent _____ DOB _____ Marital Status ❑ S ❑ M ❑ D ❑ W
Soc. Sec. _____ Employer _____
Home Phone _____ Work Phone _____

Emergency Contact _____ Work Phone _____
Other than your spouse
Relationship to Patient _____ Cell Phone _____
Address _____ City _____ State ___ Zip _____

INSURANCE INFORMATION

Insurance _____ Group No. _____
Policy No. _____ Employee _____ DOB _____
Employer _____ Work Phone _____

Secondary Insurance _____ Group No. _____
Policy No. _____ Employee _____ DOB _____
Employer _____ Work Phone _____

I understand that James Mirabile, M.D., P.A. is a collaborative practice of physicians, nurse midwives and nurse practioners. I hereby give my consent for James Mirabile, M.D., P.A., designee to provide medical treatment to me encompassing diagnostic and therapeutic procedures.

I hereby certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical records or other information about me to release to the Social Security Administration, its intermediaries or other insurance carriers any information needed for any related Medicare or insurance claim. I request that payment of authorized benefits for services rendered to me or my dependant be made on my behalf and assign payment for services rendered by physicians or representatives of For Women Only to be made directly to James Mirabile, M.D., P.A., DBA For Women Only. I further understand, if I have an HMO policy and accept responsibility for payment of services rendered to me by For Women Only when a referral is not obtained prior to services being rendered.

I hereby authorize James Mirabile, M.D., P.A. to submit claims to my insurance carrier or its intermediates for all services rendered by the physicians or representatives of For Women Only. I understand and accept responsibility for timely payment of any benefits denied by my insurance company and/or deductibles, co-pays or out-of-pocket expenses assigned to me.

_____ _____
Signature of Patient or Guardian Date