ARK-LA-TEX FERTILITY AND REPRODUCTIVE MEDICINE (AFRM) and E AND A LABS (EAL)

2401 Greenwood Road, Suites A and B, Shreveport, LA 71103

Phone (318) 841-5800 Fax (318) 841-5817

Patient Name: ______________________________ Date of birth: ________________

SS#: ___________________ Marital status: _______________

Address: ____

City, State, Zip: ____

Home phone: ______________ Cell phone: _____________ Work phone: ____________

Spouse's Name: ___________________________ Spouse's SS#: ______________________

Spouse's Employer: ________________________ Spouse's Date of birth: _______________

Responsible party (if different than patient): ____

Employment

Current Employer: ____

Employer Address (city, state, zip): ____

Emergency Contact

Name of person not living with you: ____

Phone: (   )_______________ Relationship to you: _______________________________

Assignment of benefits:

I hereby assign all medical benefits to include major medical benefit to which I am entitled, including private insurance and any other health plans, to Ark-La-Tex Fertility and Reproductive Medicine and E and A Labs, for rendered testing, diagnostic studies, care and laboratory services. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by above written insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Signature: ______________________________ Date: ______________________