

## Integritas Wellness Institute

Ask us how your experience at Integritas can be improved

<b>Name:</b>  Patient ID#	Date of Birth:  Gender:
Street Address:	Race: Ethnicity: Primary Language:
City:	State:                      Zip Code:
Home Number:	
Emergency Contact:	Relation of Emergency Contact:
Emergency Number:	
Work Phone:	
Cell Phone:	
Please indicate your Primary phone number: <ul style="list-style-type: none"> <li>• Home</li> <li>• Work</li> <li>• Cell</li> </ul>	Do you have an Advance Directive? <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Email:	Employment Status: Full time / Part Time / Self-Employed / Retired  Student
Primary Physician: Aya Rifai, MD	

### Consent to Testing

I assign payment of authorized benefits to Integritas Wellness Institute PLLC, on my behalf for services rendered. **I understand I am responsible for the charges not covered by my health insurance policy. I am also required to pay my co-pay at time of service. If not, I will be billed \$25.00.**

**Authorization to Pay Benefits to Physician:** I authorize the release of medical of other information necessary to process health insurance claims. I also request payment of benefits to myself or to my Provider Integritas Wellness Institute/Dr. Aya Rifai, when assignment accepted.

**Authorization to Release Medical Information:** I hereby authorize my Provider, Integritas Wellness Institute/Dr. Aya Rifai PLLC to release any information necessary for my course of treatment, to other providers involved in my care.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please give us the **NAME** of specialists you are currently following with:

ObGyn \_\_\_\_\_ Cardiology \_\_\_\_\_  
Endocrinology \_\_\_\_\_ Ophthalmology \_\_\_\_\_  
Asthma/Pulmonary \_\_\_\_\_ Gastroenterology \_\_\_\_\_  
Other \_\_\_\_\_

To whom do we owe the awesome referral to our office?

- Friend – Please list their name:
- Google
- Magazine
- Another Physician – Please list their name:
- Facebook
- Hospital Referral – Please indicate which hospital
- Insurance Referral