

HealthFirst Primary Care, P.L.C.
2153 E. Baseline Rd #101
Tempe, AZ 85283

Please check which doctor you see

- ☐ Dr. Parvathala
☐ Dr. Bhatnagar

****Please Print**

First name: _____ Last name: _____

Date of birth: _____ Social security#: _____ Male/Female Marital status _____

Race: _____ Ethnicity: _____ Preferred Language: _____

(Please circle preferred number to reach you)

Message number (for appointment reminders, lab results etc.) _____

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____ Apt# _____ City: _____ State _____ zip: _____

Email address: _____

Pharmacy Name, Cross streets, and Phone: _____

Employer name and address: _____

Emergency contact name and phone number: _____

Do you authorize this office to discuss your care or treatment with any other person besides another physician or insurance company? Yes _____ no _____ if yes please list the first and last name of person or persons: _____

****Insurance information:**

Primary insurance name: _____ Id# _____

Group # _____ insured full name: _____ DOB _____

Insured's SS# _____ Relationship to patient _____

Secondary insurance name _____ Id# _____

****** I understand that I am responsible for all charges regardless of insurance coverage. I agree to pay my account with this office in accordance with regular rates and payment terms. If my account is referred for collection, I agree to pay reasonable collection expenses including attorney's fees. In the event that I am entitled to health insurance or other benefits available to cover the costs of treatment by this office, I hereby assign those benefits to this office to apply to my bill. This office may release all records pertaining to my treatment to my insurance company or other third parties responsible for payment of my medical charges. I also agree to pay any additional charges for any and all medical forms, such as FMLA, Disability, insurance benefits, etc.....

Signature of patient or guardian

printed name of patient

Today's Date

CONFIDENTIAL MEDICAL RECORD, AUTHORIZED PERSONEL ONLY