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ALKA ARYA-DEGAETANO, DO, F.A.C.O.G.
HEATHER R. WILLIAMS, MD, F.A.C.O.G.
LYNN T. PARENTE, MD, F.A.C.O.G.

RIVERWALK OB/GYN, P.L.L.C.
www.riverwalk-obgyn.com

Today's Date: ____________________

WELCOME TO OUR OFFICE

Patient's Name: ______________________ Phone #: ______________________

Street Address: ____

City: __________ State: __________ Zip: __________ Email: __________

Age: __________ Birthdate: __________ Single Married Widowed Divorced

Patient Employed by: ______________________ Work #: ______________________

Driver's License #: ______________________ Spouse Name: ______________________

Spouse employer: ______________________ Phone: ______________________

Person financially responsible for this account: ______________________

Patient Social Security #: ______________________ Spouse Social: ______________________

Spouse Birthdate: ______________________ Do you have medical insurance: Yes No

Name of primary insurance: ______________________

Subscriber #: ______________________ Group #: ______________________

Name of secondary insurance: ______________________

Subscriber #: ______________________ Group #: ______________________

________ Medicare ________ Medicaid ID #: ______________________

Emergency contact name(not living with you): ______________________ Phone: __________

Whom may we thank for referring you? ______________________
Name, address, and zip please

I authorize this office to release any information necessary to expedite insurance claims and hereby assign medical benefit payments directly to Riverwalk OB/GYN Associates. I understand that I am responsible for all charges, regardless of insurance coverage.

____

Patient, parent, or guardian signature Date

414 NAVARRO
SUITE 1200
SAN ANTONIO, TX 78205
TEL: 210.226.5420
FAX: 210.222.9443

525 OAK CENTRE DRIVE
SUITE 300
SAN ANTONIO, TX 78253
210: 210.402.6022
FAX: 210.402.2930

5307 BROADWAY
SAN ANTONIO, TX 78209
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