



Obstetrics & Gynecology, P.C.

Competent, compassionate health care for women.

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WELCOME TO OUR OFFICE

Appointment Date: _____

Name _____

Birthdate _____ Marital Status _____ Maiden Name _____

Address _____ City _____ State _____ ZIP _____

Phone # _____ Cell? Yes ☐ No ☐ Work or Message Phone _____

If a child, parent's or guardian's name _____

Race: ☐ White ☐ Black ☐ Asian ☐ Indian/Alaskan ☐ Pacific Island ☐ Other/Multi

Ethnicity: ☐ Hispanic ☐ Non Hispanic

Patient's Employer _____ Occupation _____

Social Security # _____

Please provide receptionist with all your insurance cards and Driver's License

Do you have Medical Insurance: Yes or No _____ If no, how do you intend to pay? _____

Insurance Co. Name _____ Insured's DOB _____

Insured's Employer _____ Insured's Social Security # _____

Person financially responsible for this account? _____

Address _____ Phone: _____

What is the name of your **family physician**? _____

In **case of an emergency**, please contact _____ Phone _____

Who may we thank referring you? _____ What will you be seen for today? _____

Does your lab work need to go to a specific lab? ☐ Yes ☐ No **Circle one:** Quest/Lab Corp/McLaren Port Huron/Mercy Hospital/Other

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I authorize NORTHPOINTE OB/GYN to release to my insurance company or other physicians upon my request any information regarding my treatment or diagnosis of my condition that they consider appropriate to obtain payment for service rendered to me. I also authorize and request such payments be made directly to Northpointe Ob/Gyn for any amounts due for such medical services. I understand that I am financially responsible for all charges whether or not paid by insurance.

NORTHPOINTE NO SHOW/CANCELLATION POLICY

Any patient that misses or cancels her appointment (the day of her appointment) three (3) times will be discharged from our practice and will be asked to seek care elsewhere.

I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENTS AND POLICY

Patient's Signature _____

Date _____