

Date	Account ID	Chart ID	Other ID	Internal Use
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Patient Information						
Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Social Security #
Address			Home Phone	Cell Phone		
Address 2			Work Phone	Email Address		
City	State	Zip Code	Employer Name & Address			Occupation
Emergency Contact			Pharmacy	Pharmacy Phone		

Physician	Referring Physician
David F. Plotsky	

Medical Insurance	Name & Address	Policyholder	Relationship	Policy ID	Group ID
1					
2					
3					

Guarantor (Person to be billed, if different than patient)						
1 Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Social Security #
Address			Home Phone	Work Phone	Email Address	
City	State	Zip Code	Employer Name & Address			Occupation
2 Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Social Security #
Address			Home Phone	Work Phone	Email Address	
City	State	Zip Code	Employer Name & Address			Occupation

HIPAA Approved Contacts								
1. Last Name	First Name	Middle	Gender	Birthdate	Social Security #	Relationship		
Address		City	State	Zip Code	Home Phone	Cell Phone	Work Phone	
2. Last Name	First Name	Middle	Gender	Birthdate	Social Security #	Relationship		
Address		City	State	Zip Code	Home Phone	Cell Phone	Work Phone	

Patient's or Authorized Person's Signature	
<p>I the undersigned give my authorization to treat and assign directly to David F. Plotsky, MD, PC , all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and covered charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that payment is expected at the time of service.</p> <p>I acknowledge receipt of the Practice's Notice of Privacy Practices. I authorize the Practice to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting healthcare operations.</p>	
Signature	Signature Date
X	<p style="text-align: right;">David F. Plotsky, MD, PC</p> <p>6410 Rockledge Drive, Suite 108 Phone: 301-530-6699 Bethesda, MD 20817 Email :</p>