

South Lake Women's Health, PC

**Updated Patient Information Verification**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

\_\_\_\_\_ **HOME phone #:** \_\_\_\_\_

**CELL phone #:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_ **Subscriber Date of Birth:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **Subscriber Date of Birth:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**It is MY responsibility to make sure that I am currently in network with this provider and lab. South Lake Women's Health is currently using LABCORP Laboratories. I understand that if the information I have provided is incorrect, I may be responsible for any charges rendered upon my visit. I also certify that this information is current and accurate:**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Parent/ Legal guardian or patient's signature and date)*

**DISCLOSURE OF PHYSICIAN OWNERSHIP**

I acknowledge that my signature on this form is evidence of my receipt of the following disclosure pertaining to a physician's ownership or financial interest, or both in Pinnacle Healthcare, LLC at 9301 Connecticut Drive, Crown Point IN 46307. The following Physicians maintain an ownership or financial interest, or both at Pinnacle Healthcare, LLC.

Dr. Pamela Seaman

11376 Broadway Crown Point, IN 46303

I understand that I may choose to be referred to another facility or healthcare entity. For further information concerning such ownership interest, I understand that I can contact the physicians or medical administrators at the address or telephone number above.

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

*(Parent/ Legal guardian or patient's signature and date)*