Ivonne M. Reynolds, DO, FACOOG
Karine Romain, ARNP

Comprehensive Gynecological and Obstetrical Care
Minimally Invasive Gynecologic and Robotic Surgery
Bio-Identical Hormone Replacement Therapy

2964 North State Road 7, Suite 310, Margate, FL 33063 | office 954.917.4997 | fax 954.917.5404 | www.ireynoldsobgyn.com

## About You

Name ________________________________ Today's Date ____________
Last First Middle Initial

Date of Birth ____________________ Age ________ Social Security # ____________________

Mailing Address ________________________________________________
Street City State Zip

Phone Number ____________________ Cell Phone ____________________

Email Address ____________________ Driver's License No: ____________________

Employer ____________________ Employer Phone ____________________

Employer Address ________________________________________________
Street City State Zip

Primary Care Physician ____________________ Physician Phone ____________________

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

## Primary Insurance

Ins. Co Name ____________________ Phone ____________________

Address ________________________________________________
Street City State Zip

I.D. No ____________________ Group No ____________________

PRIMARY POLICY HOLDER /SUBSCRIBER ____________________ Relationship to Patient ____________

Policy Holder Date of Birth ____________________ Social Security No ____________________

Employer ____________________ Phone ____________________

Employer Address ________________________________________________
Street City State Zip

## Secondary Insurance

Ins. Co Name ____________________ Phone ____________________

I.D. No: ____________________ Group No ____________________

## In Case of Emergency

Who Should We Contact? ____________________ Relationship ____________________

Phone ______________ Work Phone ______________ Cell Phone ______________

Dr. Ivonne M. Reynolds, DO, LLC will assist its patients in making every effort to collect payments from the patient's or guarantor' s insurance company through courtesy filing of insurance claims and other required documentation. Since most carriers have time limits for filing correct information, it is imperative that we receive complete and correct insurance information. Though assistance will be provided, it is the patient's responsibility to make sure his/her insurance carrier pays his/her claim. Patients, or their guarantors, are responsible for payment in full of financial obligations whether or not their insurer makes a payment

Signature________________________________ Date ____________________