Emergency Contact:

Name:_____

Relationship: _____

Contact: _____

OK to discuss treatment/results:

☐ Yes ☐ No

Franklin Medical GROUP, PC

An affiliate of Saint Mary's Health System

GASTROENTEROLOGY
RONALD A. ZLOTOFF, MD, FACP
140 GRANDVIEW AVE, SUITE 4 | WATERBURY CT 06708 | 203.709.5970

PATIENT NAME:_____ DOB:_____ AGE: _____

OTHER NAMES USED:_____ SS#: _____ EMPLOYER:_____

ADDRESS:_____
Street City/State Zip Code

PHONE NUMBER:_____ ALTERNATE NUMBER:_____

EMAIL:_____

@yahoo.com @gmail.com @snet.com
@sbcglobal.net @hotmail.com @att.net

MARITAL STATUS:_____PRIMARY PHYSICIAN:_____

INSURANCE INFORMATION

PRIMARY

COMPANY _____ ID# _____
POLICY HOLDER _____ RELATIONSHIP_____
POLICY HOLDER DOB_____ POLICY HOLDER EMPLOYER_____

SECONDARY

COMPANY _____ ID# _____
POLICY HOLDER _____ RELATIONSHIP_____
POLICY HOLDER DOB_____ POLICY HOLDER EMPLOYER_____

TERTIARY

COMPANY _____ ID# _____
POLICY HOLDER _____ RELATIONSHIP_____
POLICY HOLDER DOB_____ POLICY HOLDER EMPLOYER_____

AUTHORIZATION

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO DR. ZLOTOFF FOR COVERED BENEFITS. I AGREE TO ACCEPT FINANCIAL RESPONSIBILITY FOR MEDICAL SERVICES THAT NOT COVERED BY MY INSURANCE POLICY.

I HEREBY AUTHORIZE DR. ZLOTOFF TO RELEASE ANY INFORMATION OBTAINED DURING THE COURSE OF MY TREATMENT TO MY INSURANCE COMPANY FOR THE PROCESSING OF CLAIMS.

I ACCEPT FINANCIAL RESPONSIBILITY FOR ANY CO-PAYMENT OR DEDUCTIBLE EXPENSE REQUIRED BY MY INSURANCE COMPANY.

I ACCEPT THAT I WILL BE CHARGED A $25.00 FEE IF I DO NOT CANCEL MY APPOINTMENT 24 HOURS IN ADVANCE AND/OR IF I DO NOT SHOW FOR MY SCHEDULED APPOINTMENT.

_____ _____

Signature Date

PATIENT NAME:_____ DOB:_____ AGE: _____

ADDRESS:_____
Street City/State Zip Code

ALLERGIES (NAME/REACTION):

1. _____
2. _____
3. _____

CHILDHOOD PROBLEMS:

1. _____
2. _____
3. _____

SURGERIES (INCLUDE DATE OR OPERATION AND PERFORMING SURGEON):

1. _____
2. _____
3. _____
4. _____
5. _____

CURRENT MEDICATIONS (INCLUDE PRESCRIPTION, OVER-THE-COUNTER, VITAMINS, NATURAL SUPPLEMENTS) :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____