Sunshine Women's Care

OB/GYN Services

Dr. Fangxian Lu MD PhD
4732 Sugar Grove Blvd. Suite 600
Stafford, TX 77477
Ph: (281)302-5026

New Patient Registration Information

Name:_____ Social Security #_____

Home Phone:_____ Cell Phone:_____ Email address:_____

Home Address:_____

Sex: M__ F__ AGE____ Birth date_____ Single___ Married__ Widowed__ Divorced___

Patient Employed by:_____

Business Phone:_____ Occupation:_____

In case of emergency who should we notify: _____

Relation: _____ Phone:_____

Whom may we thank for referring you?_____

-Primary Insurance-

Insurance Company Name: _____

Policy/Subscriber ID #_____ Group #_____

Policy Holder's Full Name_____

Relation to Patient_____ Birth Date_____ SSN_____

Address_____

-Secondary Insurance-

Insurance Company Name: _____

Policy/Subscriber ID #_____ Group #_____

Policy Holder's Full Name_____

Relation to Patient_____ Birth Date_____ SSN_____

Address_____

Assignment of Benefits

This medical practice works with the patient to minimize difficulty in the payment of fees for service, Upon leaving from your appointment, you will be asked to pay those minimal unmet deductible amounts and co-insurance amounts that your insurance company authorizes to be collected. Please insure that the primary and secondary information above is correct.

Authorization of Benefits: I the undersigned hereby authorize Sunshine Women's Care Clinic PLLC to release all information pertaining to the patient's treatment to his/her insurance company or companies and to any other physician or healthcare provider to whom the undersigned may be referred.

Assignment of Benefits: I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and other health plan to: Sunshine Women's Care Clinic PLLC

_____ _____

(Patient/Parent/Guardian Signature) (Date)