Ella Zavolunova, MD

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REGISTRATION (PLEASE PRINT)				
MOBILE PHONE:	HOME TELEPHONE			
WORK PHONE #:	E-MAIL ADDRESS			
IN CASE OF EMERGENCY	Relationship:			
<u>PA</u> :	TIENT'S INFORMATION			
NEW PATIENT Exist	ing Patient			
Single Married Minor				
PATIENT'S LAST NAME (APELLIDO):	FIRST NAME (PRIMER NOMBRE):			
ADDRESS (DIRECCION):	APT#:CITY; State:ZIP CODE:			
D.O.B: (CUMPLEAÑOS):	PATIENT'S SS#:			
SEX: MALE FEMALE AGE (EI	DAD):			
How did you hear about us?				
INSURANCE (SEGURO):	INSURANCE ID # (# DE SEGURO):			
CO PAY: \$ DEDUCTIBLES: YE				
If new patient, please indicate prior physic	ian's information: (Informacion del Doctor anterior)			
	Address:			
Phone #: Fax				
PARENT	/ GUARDIAN INFORMATION			
INSURED'S NAME (Nombre):				
Relationship to Patient (Relaccion al Pacient	te):			
INSURED'S SOCIAL SECURITY #:	D.O.B:			
EMDI OVED BV	City			

SECONDARY INSURANCE INFORMATION

SECONDARY INSURANCE:_				
INSURED'S NAME:	Relationship to Patie	lationship to Patient:		
ID #:		_SS #:	_	
PHONE #:	CO PAY: \$	DEDUCTIBLES:	YES	NO
Δ	SSIGNMENT OF	INSURANCE B	BENEFIT	гѕ
behalf of myself and/or dedocument authorizes my prendered without obtaining dependents. At 1 will be particular claim. I hereby P.C. (Ella Zavolunova, M.D. claim forms. I understand any insurance that benefit M.D.), will be credited to understand that if, I receive M.D., I am to endorse the my responsibility to make portion of my bill is not prompt payment of my bill insurance holder. If I fail to	ependents. I further exploysician to submit claining my signature on each bound by this signature authorize insurance to all benefits, if any and I, I am financially response, when received by my account, in accordance payment from my insurance that the bill is provered by my insurance that the bill is proved by the first notice that the bill is proved	ms for benefits for so ach and every claim re as though the und pay and hereby assi d otherwise payable to nsible for all charges and paid to First Chance with the above- turance company for e statement to her off aid in a reasonable of acce company, I further erstand that First Cho e there will be an add r payment, my bill wi	knowledge vices reresto be sudersigned ign directlito me for some for some rediction assignation as amount of the regree ice Pediatelitional 20 il be sent in the result of the result is the result in the result in the result in the result is the result in the result i	s or benefits submitted on e that my signature on this ndered or for services to be bmitted for myself and/or had personally signed the y to First Choice Pediatrics, services as described on the I further acknowledge that atrics, P.C. (Ella Zavolunova, ament. I hereby agree and endered by Ella Zavolunova, orly understand that it is still f time. If for any reason a to make arrangements for rics P.C. will bill the primary % charge of my total bill on to a Collection Department,
SIGNATURE OF THE PATIENT	, PARENT, LEGAL GUARDIA	AN OR REPRESENTATIV	E	
RELATIONSHIP TO THE PATIE	NT	DATE	_	