Women First Specialists, S.C.

Raynelda Hidalgo, MD FACOG
Vanessa Archil, MD FACOG
Nikki Newton, NP
2845 N. Sheridan Rd. #712, Chicago, IL 60657
Tel: (773) 525-0000 | Fax: (773) 525-0061

Patient Information

Date: _____

Last Name: _____

First Name: _____

Address

_____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email

_____

DOB: _____ SSN: _____

Marital Status: Single Married Divorced Separated Widowed

Insurance

Insurance Name

_____

ID #: _____ Group #: _____

Pharmacy

Preferred Pharmacy Name & Address

_____

Emergency Contact

Name: _____ Relation: _____

Phone: _____

Authorizations

I authorize the release of any medical information necessary to process this claim and request payment of benefits to the provider.

Signature: _____ Date: _____

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Main Office: 6121 N. Elston Ave.
Chicago, IL 60646
Tel: (773) 792-0209
Fax: (773) 792-0112

Stone Medical Center: 2845 N. Sheridan Rd. suite #712
Chicago, IL 60657
Tel: (773) 525-0000
Fax: (773) 525-0061

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have read the Notice of Privacy Practices.

Signature _____

Print Name _____

Date _____

OFFICE USE ONLY

Unable to obtain patient's written acknowledgement because:

- ■ Patient refused to sign
- ■ Patient is incapacitated and no responsible party is available prior to discharge
- ■ Other _____

_____