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Advanced Allergy & Asthma Care, PLLC

Dr. Rima Sanka, D.O. Dr. Latha M. Chamarthy, M.D. Melissa Swertfeger, APRN

PATIENT REGISTRATION

Name _____ Date of Birth: _____

Soc. Sec. No. _____ Marital Status: Single Married Widowed Separated Divorced

Street Address: _____

City: _____ State _____ Zip _____

Telephone: Home _____ Office _____ Cell _____

Spouse Name: _____ Office _____ Cell _____

Email address (to notify you of changes in office hours, not for solicitation): _____

Please complete this box only if you are a seasonal/winter/out of state resident:

Address (out of

state) _____ City _____

State _____ Zip _____ Tel.No. _____ Cell No. _____

PATIENT EMPLOYER INFORMATION

Employer Name _____ Tel _____ Occupation _____

INSURED PERSON (IF NOT PATIENT)

Name _____ Tel _____ Relationship _____

Date of Birth of Policy Holder _____ Social security number _____

Street Address _____ City/State _____ Zip _____

INFORMATION AND ASSIGNMENT OF BENEFITS

I authorize the release of any medical information necessary to process this claim. I permit a copy of this authorization to be used in place of the original.

Signature _____ Date _____

Name (In Bold letters) _____ Relationship to Patient _____

I hereby authorize Advanced Allergy and Asthma Care, PLLC to apply for benefits on my behalf for covered services rendered by them or by their order. I request that payment from my insurance company be made directly to Advanced Allergy Asthma Care, PA. (or to the party who accepts the assignment).

I certify that the information I have reported with regard to my insurance coverage is correct.

I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my Insurance company at any time in writing.

Printed Name _____ (Patient/Parent/Guardian)

Signature _____ Date _____ Witness _____

Emergency Name and Contact Information: _____

The following questions are optional for Electronic Health Records data collection:

RACE: White, Black, Asian American, Indian or Alaska Native, Native Hawaiian, Pacific Islander

ETHNICITY: ARE YOU HISPANIC/LATINO? YES / NO

PREFERRED LANGUAGE: ENGLISH OR OTHER _____ I DECLINE TO ANSWER