

Welcome

(please print)

Marina Burstein, MD

-patient information-

Name _____ Date of birth _____ Age _____
Last Name First Initial

Address _____ City _____

State _____ Zip _____ Home phone _____

Sex _____ M _____ F Soc.Sec.# _____ parents e-mail: _____

-parent or guardian information-

Mother:

Soc.Sec# _____ Driver's Lic# _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____

Work Phone _____

Father:

Soc.Sec # _____ Driver's Lic# _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____

Work Phone _____

-contact person in case of emergency-

Name _____ Relationship _____ Phone _____

-referral information-

Whom may we thank for referring you? _____

-authorization, assignment, release, financial policy-

I authorize Dr. Marina Burstein and the office staff to provide evaluation and necessary treatment to my child whether or not I am present. I hereby assign to Dr. Marina Burstein all payments for medical services rendered and authorize payments made directly to her. I also authorize my doctor to furnish insurance carriers with all necessary information. All professional services rendered are charged to the patient and payments due at the time services are rendered. As a courtesy, we complete the necessary forms to expedite your insurance claim. The patient is responsible for all fees, regardless of insurance coverage. Returned checks and balances older than 30 days are subject to additional fees and interest charges of 1,5% per month. Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notice.

Signature of Patient or Guardian