

Endocrinology of Central Pennsylvania, LLC

2020 Good Hope Rd, Suite 100, 1st Floor, Enola PA 17025
Phone: 717-728-ENDO (3636) Fax: 717-728-3640

INSURANCE INFORMATION

IF YOU HAVE TWO INSURANCES, PLEASE PRESENT BOTH CARDS SO THAT WE MAY FILE WITH YOUR SECONDARY CARRIER FOR ANY REMAINING DUES.

Primary Policy Holder: Self / Spouse

Gender: (Male / Female)

Name of the Primary Insurance: _____

ID Number: _____

Name of the Secondary Insurance: _____

ID Number: _____

If Spouse is primary holder,

Name of the Spouse: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Who may receive information regarding your Protected Health Information (PHI)?

1. Name:

Last Name First Name

Relationship: _____

Contact Phone: (_____) _____ - _____

2. Name:

Last Name First Name

Relationship: _____

Contact Phone: (_____) _____ - _____

May we leave messages for test results and appointments on your answering machine? **Y / N**

I have read a copy of the Privacy Rules (HIPPA) from this provider and authorized the above list of persons who may receive my Protected Health Information. I may revoke this at any time by giving written notification to this provider.

Print Name

Date

Signature (Parent / Guardian)