

TURKISH
PLEASE ANSWER IN ENGLISH

BAYVIEW GENERAL MEDICINE

LAKA'S TELEFONSZAM _____
CELL PHONE _____
DATUM _____
BETEA _____
SZULO VAGY GYA'M (HA KISKORU) _____
UTCA, HA'ZSZA'M _____
VA'ROS _____ A'LLAM _____ IRA'NYITO'SZAM _____
SEX () MALE () FEMALE KORA _____ SZULETE' DA'TUM _____
HA'ZAS _____ EGYEDUL A'LLO _____ OZVGY _____ KULONELO _____ ELVALT
BETEG MUNKA'LTATOJA ES SZAMA _____
ELETTARS (HAZATARS) MUNKALTATOIA ES SZAMA _____
A LATOGATAS CELJA _____
KI FELELOS A SZAMLAERT _____
KAPCSOLATA A BETECCEL _____
SOCIAL SECURITY # _____
A FISETES MODJA _____ KESZ PENZ _____ MC/VISA _____ AMEX
VAN ORVOSI BIZTOSITASA _____ IGEN _____ NAM (HA IGEN)
AZ ELSODLECES BIZTOSITO NEVE _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE# _____

HOW DID YOU LEARN OF OUR PRACTICE _____

EMAIL ADDRESS _____

The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my physician to submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself or my dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim. I _____ hereby authorize _____ to pay and hereby assign directly to Richard W Blanchar M.D. all benefits, otherwise payable to me for his services as described on the attached forms. I understand that I am financially responsible when received by and paid to _____ will be credited to my account, in accordance with the above said assignment.

SIGNATURE _____ DATE _____

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