



N o v a I n V i t r o F e r t i l i z a t i o n

Registration Form

Patient Name \_\_\_\_\_ Partner Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Can mail with Nova letterhead be sent to this home address?  Yes  No

Contact Information May we leave a message at this number?

Home Phone \_\_\_\_\_  Yes  No

Patient Cell Phone \_\_\_\_\_  Yes  No

Patient Work Phone \_\_\_\_\_  Yes  No

Partner Cell Phone \_\_\_\_\_  Yes  No

Partner Work Phone \_\_\_\_\_  Yes  No

Patient Partner

E-mail Address #1 \_\_\_\_\_ E-mail Address #1 \_\_\_\_\_

E-mail Address #2 \_\_\_\_\_ E-mail Address #2 \_\_\_\_\_

*Nova may send invoices/statements to the e-mail address above unless otherwise specified*

How did you hear about Nova? \_\_\_\_\_

Nova In Vitro Fertilization is a two physician medical practice (Dr. Richard Schmidt and Dr. Meera Shah), assisted by Lauren Schmidt, PA-C and Danielle Rappai, WHNP-BC, NP. I acknowledge that Dr. Schmidt, Dr. Shah, Lauren Schmidt and Danielle Rappai will be participating in my treatment. Dr. Schmidt and Dr. Shah are licensed and regulated by the Medical Board of California (800) 633-2322, Lauren is licensed and regulated by the Physician Assistant Committee (916) 561-8780 and Danielle is licensed by the California Board of Registered Nursing (916) 322-3350.

Nova does not bill medical insurance. I acknowledge that I am responsible for all charges for services rendered to me or to my partner. I understand that all fees are due and payable at the time of service. Payment can be made by personal check, cash or credit card (Visa/MC/AmEx). I will be given a statement that I can submit to my insurance company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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