



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 Danielle Rappai, WHNP-BC, NP. I acknowledge that Dr. Schmidt, Dr. Shah 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 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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