



East Bay Women's Health, Inc.

Obstetrics Gynecology Infertility
3300 Webster Street, Suite 1200, Oakland, CA 94609
(510) 653-0846 www.obgyn-eastbay.com

Yvette Gentry, M.D.
Medical Director
Carla Stelling, M.D.
Irene Lee, N.P.

Patient Contact / Insurance Info

Welcome to our office. In order to serve you properly we need you to complete the following information.
Please print clearly.

Please Mark One: New Patient Name Change Address Change Insurance Change

PERSONAL INFORMATION

Name: (Last) _____ (First) _____ Home Phone: _____
Address: _____ Work Phone: _____
(City) _____ (State) _____ (Zip) _____ Date of Birth: _____
Occupation: _____ Soc. Sec. #: _____
Employer: _____ Marital Status: _____
E-mail: _____ Cellular Phone / Pager: _____

INSURANCE INFORMATION

Primary Company: _____ Policy #: _____ Group #: _____
Address: _____ Telephone: _____
Subscriber Relationship to Patient (if other than yourself): Spouse Parent Other: _____
Subscriber Name: _____ DOB: _____ SSN#: _____
Secondary Company: _____ Policy #: _____ Group #: _____
Address: _____ Telephone: _____
Subscriber Relationship to Patient (if other than yourself): Spouse Parent Other: _____
Subscriber Name: _____ DOB: _____ SSN#: _____

FINANCIAL POLICY: Payment is requested at the time of service. Given the limitations of our small office any account that is over 90 days past due without response is sent to our collections agency.

MEDICAL INFORMATION

List All Drug **Allergies**: _____
Name of Family Doctor or Internest: _____
Referred by (Physician / Friend): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

I understand that I am financially responsible for paying all charges. If my insurance is billed I authorize the release of any medical information necessary to process my claim and I assign benefits directly to Yvette Gentry, M.D. If there are any changes in any of the above information I will notify the office directly.

Signature: _____ Date: _____

For Office Use Only		Account #:
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