TAMPA BAY reflux INSTITUTE

Patient: ____
Last Name First Name M.I

Address: ____

____
City State Zip Code

Home phone: ____________________ SS#: ____________________

Date of birth: ____________________ Age: ____________________

Patient's Employer: ____________________ Occupation: ____________________

City of Employment: ____________________ Phone #: ____________________

Spouse's Name: ____________________ Spouse's DOB: ____________________

Spouse's Employer: ____________________ Phone #: ____________________

Nearest Relative: ____________________ Phone #: ____________________

Primary Physician: ____________________ Phone#: ____________________

Referred by: ____________________ Phone#: ____________________

Primary Insurance: ____________ ID#: ________________ Group: __________

Address: ____

****If you are NOT the primary policy cardholder, WE NEED the following information*****
Primary Cardholder name: ______________ DOB: _______ SSN: ____________

Secondary Insurance: ________________ ID#: ____________ Group: _______
*I give permission to Mark S. Shachner, M.D., F.A.C.S/ Bernard J. Zaragoza, M.D., F.A.C.S
Joshua Shaw, M.D., F.A.C.S or Megan Rodwell, PA-C to administer medical treatment to me and authorize the release of all medical information necessary for my treatment.

Sign: ______________________________ Date : ________________

*I authorize the release of my medical or other information necessary to process an insurance claim. I authorize payment of medical benefits to go directly to South Florida Surgical Specialists, LLC. I authorize photocopies of this form to be valid as the original.

Sign: ______________________________Date: ________________

*By signing below, you are giving permission to be contacted via Internet by South Florida Surgical Specialists,

Sign: __________________________ Email Address: ________________

Payment is expected when services are rendered

PLEASE SUPPLY BELOW emergency phone numbers so that we may contact in case of an emergency. These numbers are not to include home or work

1. ______________________ 2. ______________________