FERTILITY CENTER AND
APPLIED GENETICS OF FLORIDA
J.E. PABON, M.D., P.A.

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www.drpabon.com

9420 Fountain Medical Ct., Ste 100, Bonita Springs FL 34135
Telephone: (239) 333-2229 Fax: (239)333-2220

Tell us about yourself: **Today's date:** _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Email:_____ Pharmacy # _____

Date of Birth _____ Sex F M Marital Status _____

Social Security # _____ Spouse's Name _____

About your employer:

Employer _____Occupation _____Phone # _____

Address _____ City _____ State _____ Zip Code _____

About your doctors:

Primary _____Phone # _____Referring _____Phone # _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

About your Insurance:

Insurance Company_____Phone # _____

Address _____City _____ State _____ Zip Code _____

Primary Insured's Name _____ Relationship to you _____

Policy #_____ Group # _____

Insured's Social Security # _____ Insured's Date of Birth _____

In the event of an emergency, who should we contact?

Name _____ Relationship to you _____ Cell # _____ Home # _____

How did you hear about Dr. Pabon _____

Please tell us about what brings you to see Dr. Pabon _____

_____

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J.E. PABON, M.D., P.A.

Date _____

I, _____, understand that payment for services is due at the time services are rendered, and that I will be billed for any missed appointments or any appointment cancelled without **<u>*48 hours advanced notice.</u>**

The charge for the consultation in person or by phone with Dr. Pabon is $300.00. I request the staff at the FCS to schedule a phone/in person consultation with Dr. Pabon at his earliest convenience.

_____	_____	3 digit PIN _____
Credit Card Number (**required**)	Expiration date	(on back of card)

_____
Name on Credit Card

_____
Signature of the Cardholder

I understand that if I cancel this appointment within 48 hours of the appointment date, that my credit card will still be charged for the full amount of the consultation.

If you do not wish to pay by credit card, please mail a check in the amount of $300.00 payable to Dr. Pabon along with your new patient forms.

Please be advised that no appointments will be made if this sheet is not <u>completely filled out. There will be a $25 processing fee deducted to patient refunds if appointments are cancelled after new patient paperwork is received, processed and charts are set up.</u>

*If your appointment is on a Monday, and you wish to cancel, you should call us Friday before noon.

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FINANCIAL POLICY

Payment is due at the time services are rendered. You will be billed for any missed appointments or appointments cancelled without 48 hours advance notice.

We will be happy to supply you with an insurance claim form for you to submit to your insurance company for reimbursement.

Not all services are a covered benefit. We must emphasize that as a medical care provider, our relationship is with you, **not your insurance company.**

FINANCIAL ARRANGEMENTS

We expect payment in full at each appointment. For your convenience
We offer the following methods of payment. Please check the option that you prefer:

Cash _____ Personal Check _____ Credit Card (Visa/MC/Discover) _____

All returned checks are subject to an additional $25.00 fee.

LATE FEES WILL BE ASSESSED ON ANY OUTSTANDING BALANCES DUE

AUTHORIZE AND RELEASE

We authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to us during the period of such care to third party payers and/or other health practitioners.

We agree to be responsible for payment of all services rendered on our behalf or that of our dependents. We also understand and accept that we are responsible for any charges incurred should collection proceedings become necessary to enforce this agreement.

We grant Fertility Center and Applied Genetics of Florida and Julio E. Pabon, MD, P.A. the rights of ownership of any comments or reviews whether verbal, written and/or internet that may become available through technology and allow Fertility Center and Applied Genetics of Florida and Julio E. Pabon, MD, P.A. to use the comments and reviews.

We have read and understand the above information.

_____ _____

Signature of Patients Printed Names Date