

SUDHA KARUPAIAH, M.D.

Board Certified in Internal Medicine and Sleep Disorders

PATIENT REGISTRATION INFORMATION

PATIENT'S PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____
Street Address _____ City _____ State _____ Zip _____
Male _____ Female _____ Social Security # _____ - _____ - _____
Home Phone (_____) _____ Cell Phone (_____) _____ Date of Birth ____/____/____
Employer _____ Work Phone (_____) _____

RESPONSIBLE PARTY INFORMATION

(If different from patient information)

Relationship to Patient: Spouse _____ Parent _____ Other _____
Last Name _____ First Name _____ MI _____
Street Address _____ City _____ State _____ Zip _____
Male _____ Female _____ Social Security # _____ - _____ - _____
Home Phone (_____) _____ Cell Phone (_____) _____ Date of Birth ____/____/____
Employer _____ Work Phone (_____) _____

MEDICAL INSURANCE INFORMATION

Insurance Company _____ Subscriber Name _____
Insurance ID# _____ Group # _____
If HMO please indicate Medical Group: _____
Secondary Insurance _____ Subscriber Name _____
Insurance ID # _____ Group # _____

PHARMACY INFORMATION

Local Pharmacy Name _____
Street Address _____ City _____
Phone # _____
Mail Order Pharmacy (if applicable): _____
Phone # _____

REFERRAL INFORMATION

Name of Referring Physician _____ OR Self-Referred _____
Name(s) of other physician(s) who care for you _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone# _____

ASSIGNMENT OF BENEFITS

I hereby give lifetime authorization for payment of insurance benefits to be made directly to Sudha Karupaiah, M.D. (DBA South Bay Respiratory Associates) for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. I hereby authorize to Sudha Karupaiah, M.D. (DBA South Bay Respiratory Associates) to release all information necessary to secure payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

PATIENT'S SIGNATURE: _____ DATE: _____
(Or Authorized Representative)