

ADVANCED ENDOCRINOLOGY & DIABETES CTR., P.C. -MOHAMED F. ZEITOUN, M.D.

1600 S. Lake Park Ave. Ste. 1104, Hobart, IN 46342

2020 Information Update

Name: _____ Birthdate: _____ SS#: _____

Address: _____ Home Tel: _____

Cell Tel : _____ Email: _____ Employed: Yes No
Can you receive Texts? : Yes No

Employer: _____ Occupation: _____ Tel: _____

Emergency Contact: _____ Relationship: _____ Tel: _____

Primary Care Dr: _____ Tel: _____

Insurance #1 Primary (Carrier Name) _____

Name on Card: _____ ID#: _____ Group#: _____

Copay Amount : \$ _____ Yearly Deductible : Yes \$ _____ No

Insurance #2 Secondary (Carrier Name) _____

Name on Card: _____ ID#: _____ Group#: _____

Copay Amount : \$ _____ Yearly Deductible : Yes \$ _____ No

History of Smoking: Yes No Current _____ Quit _____ Date quit: _____

Vaccines: Flu _____ Pneumonia _____ Shingles _____
Date Date Date

I hereby authorize Mohamed F Zeitoun MD DBA Advanced Endocrinology & Diabetes Center PC to apply for benefits on my behalf for covered services rendered by the staff or by their order. I request that payment from my insurance company be made directly to the center (or the party who accepts assignment). I understand that I am financially responsible for any balance not covered by my insurance which includes co-pays and deductibles due prior to the office visit. I certify that the information I have reported with regard to my insurance coverage is correct. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked in writing by either me or my insurance company at any time. I also hereby authorize and consent to the giving of all treatments, examinations, medications and any technical procedures which in the judgment of Dr. Zeitoun and/or his medical staff consider necessary or advisable for diagnosis or treatment. I certify that I have received a copy of HIPPA from this practice. I understand the policies/procedures of this practice and agree to pay any monies assigned to me for failure to call or show up for a scheduled appointment.

Date

Signature