



Comprehensive Gynecological & Obstetrical Care  
 Minimally Invasive Gynecologic & Robotic Surgery  
 Specialized Pelvic & Prenatal Ultrasound

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**About You**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First Middle Initial  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
Street City State Zip  
 Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
Street City State Zip  
 Occupation \_\_\_\_\_  
 Marital Status  Single  Married  Divorced  Widowed  
 Spouse's Name \_\_\_\_\_ Do You Have Children? \_\_\_\_\_ How Many? \_\_\_\_\_  
 Primary Care Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

**In Case of Emergency**

Who Should We Contact? \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_

**Primary Insurance**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip  
 Policy Holder or Subscriber \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_  
Street City State Zip

**Secondary Insurance**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip  
 Policy Holder or Subscriber \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Women At Bayview will assist its patients in making every effort to collect payments from the patient's or guarantor's insurance company through *courtesy* filing of insurance claims and other required documentation. Since most carriers have time limits for filing correct information, it is imperative that we receive complete and correct insurance information. Though assistance will be provided, it is the patient's responsibility to make sure his/her insurance carrier pays his/her claim. Patients or their guarantors are responsible for payment in full of their financial obligations whether or not their insurer makes a payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_