

PERMIAN INTERNAL MEDICINE ASSOCIATES (PIMA)

403 PITTSBURG AVENUE, ODESSA, TEXAS 79761

Phone (432) 332-3400 Fax (432) 332-6500 www.pima1.com Patient Portal: <http://9460.portal.athenahealth.com>

UPDATED ESTABLISHED PATIENT REGISTRATION FORM 2022

Date _____ Primary Care Dr. _____ **PATIENT**

INFORMATION

Last Name _____ First Name _____ MI _____
DOB _____ Legal Sex: Male Female Status: Single Married Widowed

Divorced SS# _____ Driver's License # _____

Address: _____ City/State/Zip _____

Home # (____) _____ Cell # (____) _____

Work\Other (____) _____

E-Mail: _____ (of patient or family who is authorized to get your medical info. This is strictly for your medical information only. No solicitation).

Employer/School _____ Address: _____

Is the patient a minor? Yes No (If yes, the person accompanying the minor today is the guarantor) **GUARANTOR INFO:**

Name _____ DOB _____ SS# _____

Address _____ Phone _____ Relationship _____

**** WE NEED TO MAKE A COPY OF YOUR INSURANCE CARD(S) & DRIVER'S LICENSE **** Primary

Insurance Name _____ Insurance Phone _____ Policy _____

Holder's Name _____ DOB _____ SS# _____ ID# _____

Group # _____ Relationship to the insured _____

Employer _____ Employer Phone _____

Secondary Insurance Name _____ Insurance _____

Phone _____ Policy Holder's Name _____ DOB _____

SS# _____ ID# _____ Group _____

_____ Relationship to the insured _____

Employer _____ Employer Phone _____

Disclosure of Interest:

Drs. Suresh and Kalpana Prasad have ownership interest in ORMC, and as a result, may financially benefit from the referral of services to ORMC in the form of increased dividends or distributions. Please let us know if you have any concerns regarding the financial relationship between Drs. Prasad and ORMC facility. You do have the option of using an alternative health care facility. **Telehealth**

Acknowledgement:

Telemedicine services involve the use of secure interactive videoconferencing equipment and audio devices that enable health care providers to deliver health care services to patients when located at different sites. A copy of the acknowledgement has been made available to me. All my questions have been answered to my satisfaction.

Assignment and Release:

I, the Undersigned, certify that I (or my dependent) have insurance coverage. I assign directly to SURESH PRASAD MD, PA; dba Permian Internal Medicine Associates (PIMA); all insurance benefits, if an otherwise payable to me for services rendered. **I understand that I am financially responsible for all charges whether or not paid by insurance.** I hereby authorize the doctor's office to release

all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Acknowledgement:

I acknowledge that a copy of the Office Procedure and Financial Policy, Release of Information, Litigation Policy, HIPPA policy, ACO participation set forth by PIMA has been made available to me. My signature below indicates that I agree to the terms provided.

X _____ Signature
of Patient or Guarantor Date