

GHASSAN N. FANOUS, M.D.

540 West 5th Street, Suite 420 Odessa, Texas 79761
(432) 582-2280

Date _____

Patient Name _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

Place of employment _____

Insurance Name _____

Emergency Contact _____ Phone # _____

E-mail Address (If convenient to receive information via e-mail) _____

Would you like to make any changes to your HIPPA form? (circle one) Yes or No

Please provide a current copy of you insurance card and remember that insurance is not a substitution for co-payments. If you do not present your current card then you will be responsible for the charges.

I hereby authorize Dr. Fanous to furnish information to insurance carriers concerning any illness and treatments and I assign to Dr. Fanous all payments for medical services rendered to me. I understand that I am responsible for any amount not covered by insurance.

Signature

Date