



THE CENTRE FOR REPRODUCTIVE MEDICINE, P.A.

Janelle Dorsett, M.D.
3405 22nd Street · Suite 300
Lubbock, Texas 79410
(806) 788-1212 · FAX (806) 788-1253

DATE: _____ REFERRING PHYSICIAN: _____

NAME: _____ DATE OF BIRTH: _____
LAST FIRST MI MAIDEN S.S. #: _____

ADDRESS: _____ HOME PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: (____) _____

EMPLOYER / TITLE: _____ WORK PHONE: (____) _____

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____

NAME OF SPOUSE / PARTNER / PARENT: _____

DATE OF BIRTH: _____ S.S. #: _____ DRIVERS LICENSE #: _____

EMPLOYER / TITLE: _____ WORK PHONE: (____) _____

EMAIL ADDRESS: _____ CELL PHONE: (____) _____

EMERGENCY CONTACT (NOT LIVING WITH YOU) _____ **RELATIONSHIP:** _____

ADDRESS: _____ PHONE: (____) _____

IT IS REQUIRED THAT YOU HAVE YOUR INSURANCE CARD WITH YOU TO BE PHOTOCOPIED BY THE RECEPTIONIST. ALSO, IF YOUR INSURANCE COMPANY REQUIRES A REFERRAL, YOU ARE TO HAVE THE REFERRAL WITH YOU BEFORE YOU ARE SEEN BY THE DOCTOR. IF YOU FAIL TO GET A REFERRAL, YOUR APPOINTMENT WILL BE RESCHEDULED, OR YOU WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED ON THAT VISIT.

INSURANCE COMPANY #1

NAME: _____

ADDRESS: _____

PHONE: (____) _____

INSURANCE ID#: _____

GROUP NAME OR #: _____

INSURED PARTY: _____

RELATIONSHIP TO PATIENT: _____

SEX: M / F D.O.B. _____

INSURANCE COMPANY #2

NAME: _____

ADDRESS: _____

PHONE: (____) _____

INSURANCE ID#: _____

GROUP NAME OR #: _____

INSURED PARTY: _____

RELATIONSHIP TO PATIENT: _____

SEX: M / F D.O.B. _____

ACKNOWLEDGMENTS AND AGREEMENTS

The Centre for Reproductive Medicine provides health care including the diagnosis and treatment of Infertility and Reproductive Endocrinology. Reproductive Endocrinology is a subspecialty established by the American Board of Obstetrics and Gynecology in an effort to improve the health care of women with special reproductive disorders. This subspecialty is concerned specifically with the diagnosis and management of complex problems of reproductive endocrinology and infertility, encompassing such diverse areas as menopause, premenstrual syndrome, infertility, endometriosis, recurrent miscarriage, and abnormal sexual development.

The office staff functions under the supervision of Dr. Janelle Dorsett, either directly or via protocols established by her.

Patients are **seen by appointment only**. Our clinic hours are Monday through Thursday 8:00 a.m. – 12:00 p.m. and 1:00 p.m. – 5:00 p.m. and Friday 8:00 a.m. – 12:00 p.m.

We ask that you make all non-emergency phone calls during office hours when your records are available. Our nurses are specially trained to answer your questions, arrange prescription refills, etc. If you need to speak to Dr. Dorsett personally, your call will be returned when conditions permit. Because of the number of phone calls received in a day, we ask that you have all your questions ready for the nurses or physician when your call is returned.

I hereby authorize Janelle Dorsett, M.D. to release any medical information regarding the services performed to my personal physician or insurance company.

I hereby authorize the insurance company to pay directly to Janelle Dorsett, M.D. all benefits due me for services rendered by The Centre for Reproductive Medicine. I am aware when my insurance benefits are quoted; it is not a guarantee of payment only an estimation.

If my claims are denied by the insurance company for services rendered, I am fully responsible for all charges incurred and **will not be allowed to begin or continue treatment until my balance is paid in full.**

Payment is due at the time of service. When an account, even if it is pending insurance, becomes 60 days past due, there will be an interest charge of 1 ½ % per month added to your account balance.

I have read the above and understand that all fees owed to Dr. Dorsett are my personal responsibility and will be paid at the time services are rendered.

PATIENT'S SIGNATURE

DATE

SIGNATURE OF RESPONSIBLE PARTY

DATE

WITNESS

DATE