Hootan C. Roozrokh, M.D.
14850 Los Gatos Blvd
Los Gatos, CA 95032
Office: 408-358-2868
Fax: 408-358-6787
www.drroozrokh.com

Primary Care Doctor_____
Their office number_____
Their fax number_____
Other doctor's_____

Patient Information

Last Name_____ First Name_____ Middle Initial_____
Date of Birth_____ Sex: M F Marital Status: S M W D Sep
Address_____ City_____ State_____ Zip_____
Home Phone_____ Cell Phone _____ OK to leave message Y N
Email_____ Social Security #_____
Are you here for a work related injury? Y N Date of Injury_____
Employer_____ Work Phone_____

Insurance Subscriber Information

Last Name_____ First Name_____ Middle Inital_____
Date of Birth_____ Best Contact Phone #_____
Social Security #_____ Employer _____

Name of Insurance: _____

Identification #_____
Address _____ City_____ State_____ Zip_____
Phone #_____

Emergency Contact

Name _____ Phone# _____ Relationship_____

Payment Agreement: I agree to pay for all medical services provided by above doctor or any other health care professional acting on my behalf at the time of service, unless an insurance claim is being submitted for you.

Insurance: As a courtesy, this office will file an insurance claim. We will allow 45 days for payment from your insurance company, after that you are responsible for payment in full.

Authorization to release information and pay benefits to physician: I hereby authorize payment directly to the signing physician of surgical and/or medical benefits, if any, otherwise payable to me for the services described herein, and to release any information acquired in the course of my examination or treatment to hospital, other physicians, and/or my insurance company.
I have read and agree to all of the above statements and have been presented with the NOTICE OF PRIVACY PRACTICES (a comprehensive description of privacy practices can be found at www.drroozrokh.com)

Electronic Medical Records: As a patient you will be offerred access to all your office notes and test results. You simply have to ask for login information and temporary password. This is provided as a free service.

_____ _____

Signature Date