

SLEEP & LUNGS

Dr. Naga Chigurupati M.D.

2110 Hartford Rd, Hampton, VA 23666 • Phone: (757) 224-8919 • Fax: (757) 663-5682

PATIENT INFORMATION:

Patient's Name _____ Marital Status _____ SS# _____

Mailing Address _____ City/State _____ Zip _____

Birth date _____ Age _____ Male/Female _____ Phone # _____

Employer _____ Occupation _____ Work # _____

Do you have an Advanced Directive (Living Will): Yes No Pharmacy _____

INSURANCE INFORMATION:

Primary Ins Company _____ ID# _____ Group # _____

Policy Holder's Name _____ Employer _____ DOB _____

Secondary Ins Company _____ ID# _____ Group # _____

Policy Holder's Name _____ Employer _____ DOB _____

EMERGENCY CONTACT (Person out of the Home)

Name _____ Phone# _____ Relationship _____

CONSENT AND AUTHORIZATION:

I hereby give my consent and authorization for Sleep & Lungs to use or disclose my personal health information only if necessary and required for treatment. I understand I have the right to review the provider's privacy notice, to request restrictions and to revoke this consent at any time. This consent and authorization is valid for Sleep & Lungs. I also authorize and request that payment under my insurance programs be made directly to the above provider for any services furnished to me. I understand even though I have insurance, I am responsible for payment.

Signed _____ Date _____