Clove Lakes
EAR NOSE AND THROAT AND LASER CENTER

Specializing in Adult & Pediatric
Ear, Nose, Throat & Allergy
Sinus Surgery Head & Neck Surgery

Staten Island
1414 Victory Boulevard,
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Helen H. Kim, M.D.
Board Certified in Otolaryngology-
Head & Neck Surgery

Santa Upeniece PA-C

PATIENT INFORMATION

Patient First Name		Patient Middle Name		Patient Last Name
Sex	Marital Status	Date of Birth (age)		Social Security Number
Patient Address Apt#		City	State	Zip Code
Home Phone	Mobile Phone	Email Address		
Primary Care Physician		Pharmacy/ Preferred Lab		Pharmacy Address/ Preferred Lab Address
Race	Ethnicity	Language		
Primary Insurance Company		**Policy Number**		**Group Number**
Insured's Name (as it appears on insurance card)		**Relationship to Patient**		**Insured's Date of Birth**
Secondary Insurance Company		**Policy ID Number**		
Emergency Contact Name & Phone Number				

Privacy Information

I have read and understand the Privacy Policy openly displayed in the ***Clove Lakes ENT, PC*** office.
I give ***Clove Lakes ENT, PC*** permission to leave messages, in regard to my medical condition and/or Appointment times, on my home phone and/or cellular phone. Yes No
I give permission to access my medication history via my pharmacy. Yes No
I give ***Clove Lakes ENT, PC*** permission to leave messages, in regard to my medical condition and/or appointment times, at my place of employment. Yes No
I give ***Clove Lakes ENT, PC*** permission to contact me via phone and email regarding: Health Notifications, Appointments, Announcements, and Billing. Yes No
I give ***Clove Lakes ENT, PC*** permission to speak to members of my family, in regard to my medical condition. Yes No If Yes, List of persons authorized to discuss my medical condition _____
I understand and agree that, (regardless of my insurance status); I am ultimately responsible for the balance of my account for any professional services rendered by ***Clove Lakes ENT, PC.***
I authorize the release of any medical information necessary to process this claim.
I authorize the release of payment for medical benefits to my physician. Yes no