



## GASTROENTEROLOGY & NUTRITIONAL MEDICAL SERVICES

A Professional Medical Corporation

616 South Washington • Bastrop, LA 71220 • (318) 283-2177

**RAJ BHANDARI, M.D.**

Patient's Name	SS #	Date of Birth	Age
Street Address	City, State, Zip Code	Home Phone	
		Cell Phone	
Mailing Address (if different from street)	City, State, Zip Code	Marital Status	SEX
		S M W D Sep.	M F
Patient's Employer	Business Phone		
Employer's Address	City, State, Zip Code		
Referring Doctor			
Drug Allergies			
_____			
_____			
_____			
Spouse or Parent's Name	SS #	Date of Birth	Business Phone
Spouse or Parent's Employer	Employer's Address		
IN CASE OF EMERGENCY NOTIFY (other than spouse)	Address and Phone Number		
Name of Your Pharmacy	Phone Number		
Name of Primary Insurance Company			
Name of Secondary Insurance Company			

**IMPORTANT! PLEASE READ CAREFULLY.**

### INSURANCE AUTHORIZATION AND ASSIGNMENT AND/OR MEDICAL RELEASE.

I hereby authorize Gastroenterology and Nutritional Medical Services to furnish information to any insurance carrier, physician, attorney or employer concerning my medical history, illness and treatments, and I assign to the Gastroenterology and Nutritional Medical Services all payments for medical services rendered to myself or my dependents. If having a procedure, I understand that a separate facility fee will be charged in addition to the physician's fee. I understand that I am responsible for any amount NOT covered by insurance.

Date \_\_\_\_\_ Signature \_\_\_\_\_