



Westside Family Medicine

315 West 70th St. Suite 1B, New York, NY 10023

535 West 110th St. Suite 1E, New York, NY 10025

Phone: (212) 280-4740 Fax: (212) 280-4743

DEMOGRAPHICS

Name _____

DOB _____ Social security number _____

Address _____ (Apt number) _____

_____ (city) _____ (state) _____ (zip)

Email _____

Phone _____ (cell) _____ (home) _____ (work)

Preferred Pharmacy (name) _____

Address or telephone _____

INSURANCE

Company _____

ID Number _____ (member#) _____ (group)

Primary Holder _____ (name) _____ (relationship)

Primary Holder _____ (dob) _____ (social security number)

BY WRITING MY NAME BELOW I CONFIRM THAT I AM AWARE OF AND AGREE TO BELOW:

-Personally confirm that my specific insurance sub-plan lists Dr Bregman as a participating provider

-List Dr Bregman as my PCP (at this office) if my plan requires a PCP

-Update the office of any changes in my insurance or demographic information

-Copay/deductible as listed on my insurance statement will be charged to a credit card on file

-Notify the office AT LEAST 24 hours in advance to cancel or change my appointment; a \$40 administration fee will be charged for failure to do this.

(Name)

(Date)