MAIN STREET MEDICAL SERVICES PLLC
GASTROENTEROLOGY

55-16 Main Street
Flushing, New York, 11355
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Robert B. Harooni, MD
David J. Beyda, MD
Sherli Payamipour, RPAC

Date: ____/____/____

Last Name: ____ First Name: ____

Circle one: Male or Female

Date of Birth: ____/____/_____ Age ______ SS# ______-_____-_______

Address:____
Street City State Zip

Home Phone: (____) ___________________ Work (____) ___________________ Cell (____) _____________________

Employer: ____ Phone: ______________________

Address: _______________________________________ Occupation: ____

Referring Physician: __________________________________ Phone ____

Referring Physician's Address: ____

Name of Emergency Contact (not living with you): ____

Relationship: ____ Phone: _______________________________________

My signature below acknowledges the following:

- I have received a copy/am aware of the **Patient Bill of Rights**; as required by law and have had an opportunity to receive assistance in understanding and exercising these rights.
- I have received a copy/am aware of this office's **Notice of Privacy Practices**, including the **Private Health Information (PHI)** designated at the time of visit.
- I have received information on/am aware of the **Speak Up Program** Campaign.

Signature of Patient/ Representative___________________________________ Date________

Above signature was not obtained because:

□ Patient is unable and unaccompanied by a representative. Patient left with all pertinent disclosures.

□ Patient refused to sign □ Patient refused forms

Assignment of Benefits

I hereby assign all medical and/or surgical benefits, to include major benefits to which I am entitled, private insurance and any other health plan to Main Street Medical Services, PLLC.

This assignment will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered valid as original. I understand that I am financially responsible for all charged whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure payment.

Signed:____ Date:_________________