

Digestive Disease Specialists of Co
1600 N. Grand Ave #440 Pueblo, CO 81003
Phone: 719-543-3500 Fax: 719-543-3504

Pueblo Endoscopy Suites
1600 N. Grand Ave #420 Pueblo, CO 81003
Phone: 719-546-2500 Fax: 719-546-2335

Patient Information

Today's Date _____

Referring Physician _____ Primary Care Physician _____

Patient Name _____ **DOB** _____

Address _____ City _____ Zip Code _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Marital Status: Single Widow Divorced Married Spouse's Name _____

SS Number _____ Employer _____ Gender: M F

Emergency Contact (Relationship): _____ Phone Number _____

Medical Insurance Information

Primary Insurance Company _____ Policy Number _____

Group Number _____ Policy Holder _____

Relationship to Policy Holder _____ Policy Holder DOB _____

Secondary Insurance Company _____ Policy Number _____

Group Number _____ Policy Holder _____

Relationship to Policy Holder _____ Policy Holder DOB _____

If you wish to be web enabled please provide an e-mail address: _____

Race: African-American Caucasian Native-American Asian Other Refuse to Report

Ethnicity: Hispanic or Latino Not Hispanic or Latino Refuse to Report

Preferred Language _____

Pharmacy Name: _____ Location: _____

Release of Information & Assignment of Benefits

I hereby authorize the release of any information necessary to process my health insurance claims and request payment of benefits to DDS & PES.

Patient signature: _____ Date: _____

Parent/Guardian Signature: _____