



East Bay Women's Health, Inc.

Obstetrics Gynecology Infertility

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Yvette Gentry, M.D.

Medical Director

Vanessa Chan, M.D.

Reena Cho, N.P.

Welcome To Our Office

In order to serve you properly we need you to complete the following information. Please print clearly.
Thank you for your patience and time.

Please Mark One: New Patient Name Change Address Change Insurance Change

PERSONAL INFORMATION

Name: (last) _____ (first) _____

Home Phone: _____

Address: _____

Work Phone: _____

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

Date of Birth: _____

Occupation: _____

Soc. Sec. #: _____

Employer: _____

Marital Status: _____

Cellular Phone / Pager: _____

INSURANCE INFORMATION

Primary Company: _____ Policy #: _____ Group #: _____

Address: _____ Telephone: _____

Subscriber Relationship to Patient (if other than yourself): Spouse Parent Other: _____

Subscriber Name: _____ DOB: _____ SSN#: _____

Secondary Company: _____ Policy #: _____ Group #: _____

Address: _____ Telephone: _____

Subscriber Relationship to Patient (if other than yourself): Spouse Parent Other: _____

Subscriber Name: _____ DOB: _____ SSN#: _____

FINANCIAL POLICY: Payment is requested at the time of service. Given the limitations of our small office any account that is over 90 days past due without response is sent to our collections agency.

MEDICAL INFORMATION

List All Drug **Allergies:** _____

Name of Family Doctor or Internest: _____

Referred by (Physician / Friend): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

I understand that I am financially responsible for paying all charges. If my insurance is billed I authorize the release of any medical information necessary to process my claim and I assign benefits directly to Yvette Gentry, M.D. If there are any changes in any of the above information I will notify the office directly.

Signature: _____ Date: _____

For Office Use Only

Account #: