Amy Huberman, MD
1501 Sulgrave Avenue, Suite 202
Baltimore, MD 21209
443-823-0675

CONTACT INFORMATION

Last Name:_________________________________ First Name:___________________________
Middle Initial:________

Date of Birth: ________ / ________ / ________

Home Address:____
City:_________________________________ State:______________ Zip Code:_____________

Home Phone:________________________ Work Phone:______________________

Cell Phone:______________________

E-mail:____

Please check if the following are acceptable for communication and confidential messages:
______ Home Phone

______ Work Phone

______ Cell Phone

______ E-mail

If a minor, name of Guardian:_________________________________
Relationship:_______________________________

Emergency Contact:____
Relationship:_______________________________
Emergency Contact Phone(s):____

Referral Source:____

Primary Care Physician:____
Primary Care Physician Phone:______________________ Last Visit:________________________

Insurance:____
Name of Insured:____
Policy Number:____

Employer:____
Position:____
Phone number:____
Address:____

Do you have Medicare? Yes / No

If I do not have Medicare, I understand that I am responsible for full payment at the time of service, as Dr. Huberman does not participate with any insurance company other than Medicare. If I do have Medicare, I will sign the "Lifetime Signature on File" form, wherein I will grant permission for Dr. Huberman to bill Medicare and to share medical information for billing purposes. Whether or not I have Medicare, I understand that I will be charged for phone appointments, any missed appointments, and appointments canceled within less than one full business day.

____ ____________________
Patient Signature Date