

Aria Endocrinology, L.L.C.
Farideh Eskandari, M.D., M.H.S.
12303 NE 130th Lane, Suite 405
Kirkland, WA 98033-3099

Patient Information

Patient Name _____				
First	MI	Last		
Date of Birth _____		Sex _____	SS # _____	
Marital Status	Single	Married	Widowed	Divorced
Mailing Address _____				
Street		City	State	Zip
Residence Address _____				
(If different)	Street	City	State	Zip
Phone Number _____				
Home		Mobile	Work	
Job Title _____		Employer	_____	
Work address _____				
Street		City	State	Zip

Significant Other Contact Information

Name _____		Relationship to the Patient _____	
Phone Number _____			
Home		Mobile	Work

Emergency Contact (Someone Outside Your Household)

Name _____		Relationship to the Patient _____	
Phone Number _____			
Home		Mobile	Work

Insurance Information

Primary Insurance _____ Subscriber's Employer _____
Subscriber's Name _____ Date of Birth _____ SS # _____
Policy # _____ Group # _____ Copay _____
Subscriber's Relationship to the Patient: _____
Secondary Insurance _____ Subscriber's Employer _____
Subscriber's Name _____ Date of Birth _____ SS # _____
Policy # _____ Group # _____ Copay _____
Subscriber's Relationship to the Patient: _____

Thank you for choosing Aria Endocrinology as your health care provider. Please, note:

- To provide current and accurate **contact** and **insurance** information at all visits.
- Full payment or co-payments are due at the time of service.
- Return checks are subject to a **\$35 service charge** to cover the bank fee.
- If you are not able to keep your appointment, please call our office 24 hours in advance. If you miss your appointments more than once without a timely advanced notice, you will be subject to a **\$25** "no show" fee.

Health Insurance Plan Obligations:

Aria Endocrinology is contracted with a number of Healthcare Insurance Plans. We agree to bill these insurance carriers for all services rendered. Authorization from your insurance does not always guarantee payment. The undersigned shall remain responsible for the applicable fees.

Non-participating Health Insurances

All fees are due in full at the time of service. A receipt will be provided which details all medical service and payments for the office visit. You may submit a copy of the receipt to your insurance for direct payment to you, the policyholder.

I understand that I am responsible for my medical bills. I authorize Aria Endocrinology to bill my insurance company for the services rendered to me, and the benefits to be paid directly to Aria Endocrinology. All balances must be paid within 90 days of the date of service. After this period, the account balance will be subject to a **late fee of 3 percent per month.**

Name _____ Date _____

Signature _____