

**Park East Gynecology & Surgery, PC**  
**Tamer A. Seckin, M.D., F.A.C.O.G**  
**872 Fifth Avenue**  
**New York, NY 10065**  
**212.988.1444**

**ONLINE REGISTRATION FORM**

Please print and complete the following details. Please bring this completed form to your initial consult. Should you require assistance with completion of this data, please do not hesitate to contact our offices.		
Today's Date:	Date & Time of Your Appointment:	
<b>PATIENT INFORMATION</b>		
Full name:		
Marital status (circle one): Single / Mar / Div / Sep / Wid / Other		
Birth Date:	Social Security #:	
Occupation:		
Mailing Address:		
City:	State:	Zip Code:
Contact Numbers: Home #	Work #	Mobile #
Emergency Contact:		Phone #:
Spouse Name:		
Spouse Birth Date:	Spouse Social Security #:	
Spouse Occupation:		
Who may we thank for your referral to our office?		
<b>INSURANCE INFORMATION</b>		
Please also be sure to bring your card to our Receptionist.		
Primary Insurance:	ID #:	Group #:
Cardholder Name:		Birth Date:
Secondary Insurance:	ID #:	Group #:
Cardholder Name:		Birth Date:
<b>ASSIGNMENT OF BENEFITS</b>		
<b>I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NECESSARY TO PROCESS THIS CLAIM. I AUTHORIZE THE DIRECT PAYMENTS OF MEDICAL BENEFITS TO PARK EAST GYNECOLOGY &amp; SURGERY, PC – TAMER A. SECKIN, M.D., F.A.C.O.G. I AM AWARE OF MY RESPONSIBILITY FOR PAYMENT OF SERVICES NOT COVERED.</b>		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> PATIENT'S SIGNATURE	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> WITNESS	