Lisa Sullivan, M.D./ Angela Oest, P.A.-C./Brittany Van Kampen, P.A.-C.
Specializing in Pediatric and Adult Allergy, Asthma and Immunology

Date: _____ Patient Age: _____ Patient Date of Birth: ____/____/____

Patient: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip

Patient Cell: _____ Patient Sex: M___ F___ Patient Marital Status: S / M

Guarantor: _____ Guarantor Date of Birth: ____/____/____
Last Name First Name

Guarantor Address:_____ Guarantor Cell:_____
Street City State Zip

Guarantor Employer: _____**Guarantor Email**:_____

Name of Spouse / Parent: _____Parent Marital Status: S / M / D

Emergency Contact: _____ Emergency Phone #: _____

Primary Care Provider:_____Phone#:_____

Referring Physician: _____
Name Address Phone
Referring Physician will receive a consultation letter for your initial visit. If none, please write none.

Referring Friend: _____List family members seen in this facility: _____
Name Name

Primary Insurance Company: _____ Group #_____ID #: _____

Claims Mailing Address: _____

Policy Holder Name: _____ Date of Birth: ____/____/____

Secondary Insurance Company: _____ Group #_____ ID #: _____

Claims Mailing Address: _____

Policy Holder Name: _____ Date of Birth____/____/____
We will require a copy of <u>All</u> valid insurance cards to submit your claims.

Agreement and Release

I, the undersigned, have insurance coverage with _____ and assign directly
Name of Insurance Company

to Lisa Sullivan MD SC all medical benefits, if any, otherwise payable to me for services rendered.
I understand that:

I am financially responsible for all charges whether or not paid by the insurance.

I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

_____ _____
Patient or Parent Signature Date

WWW.LISASULLIVANMD.COM

737 St. John's Ave
Highland Park, IL 60035
Phone: (847) 805-8088
Fax: (847) 805-8844

135 N. Arlington Heights Rd, Suite 180
Buffalo Grove, IL 60089
Phone: (847) 805-8088
Fax: (847) 805-8844