St. Mary's Women & Family Care Center
143 Peyton Street
Barboursville, WV 25504

INSURANCE INFORMATION

Primary Medical Insurance: _____ Phone: (_____) _____
Address: _____
Street
_____
City State Zip
Insured Party Name: _____ Birth Date: _____
Relationship to Patient: _____
ID Number: _____ Group Number: _____
Plan Number: _____ Effective Date: _____

Secondary Medical Insurance: _____ Phone: (_____) _____
Address: _____
Street
_____
City State Zip
Insured Party Name: _____ Birth Date: _____
Relationship to Patient: _____
ID Number: _____ Group Number: _____
Plan Number: _____ Effective Date: _____

Other Medical Insurance (Worker's Comp., Medicare Supplement, etc.)

Medical Insurance: _____ Phone: (_____) _____
Address: _____
Street
_____
City State Zip
Insured Party Name: _____ Birth Date: _____
Relationship to Patient: _____
ID Number: _____ Group Number: _____
Plan Number: _____ Effective Date: _____

If patient is under 18 years of age, Please List Other Children in the Household.

Child's Name (Please list name child prefers) Child's Birth Date

1. _____ ☐ M ☐ F _____
2. _____ ☐ M ☐ F _____
3. _____ ☐ M ☐ F _____

How did you choose SMMM?

☐ Referred by a physician: (Name) _____
☐ Referred by a Friend
☐ Telephone Directory
☐ Advertisements
☐ Other _____