



Fertility Center of Dallas
J. Michael Putman, M.D., PA
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Reproductive Endocrinology and Infertility
Advanced Gynecologic Endoscopy

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(214) 887-8244 (F)

INSURANCE INFORMATION

Primary Insurance Co.

Primary Insurance Address:

Member Services/Customer Service Phone Number:

Group #:

Certificate or ID#:

Insured's Name:

Insured's Date of Birth:

Insured's Employer:

Phone#:

Patient's Name:

Relationship to Insured:

Patient's Social Security #:

Patient's Date of Birth:

I hereby assign, transfer, and set over to Fertility Center of Dallas, J. Michael Putman, M.D., P.A. all rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient's Signature:

Date:
