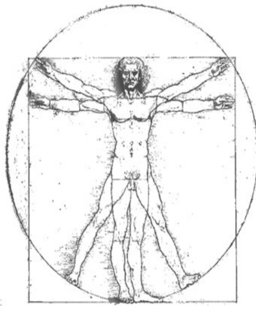

Bardia Asgari, MD
Primary Care of Shelton, LLC
Tel: 203 225 0506
Fax: 203 225 0592
Email: bardia.asgari@pcofshelton.org

Last Name: ________________ M: __ First Name: __________________

Street: __________________________ City: ________________________

State: ____ Zip Code: _______ Email address: _______________

Please mark the preferred method of contact:

Home Phone: ____________________ Work Phone: _________________

Cell Phone: _____________________ Emergency Contact: ___________

Birth Date: _____________________ Sex/Gender: M __ F __ other ___

Social Security: _________________ Marital Status: M_ S_ D_ SEP_ W

Insurance Company: ____

Policy Holder: ___________________ Relationship to insured: ________

Policy Number: __________________ Group Number: ______________

I have been presented with a copy of this provider's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the notice, and, subject to the following restriction(s) concerning my personal medical information, I agree to the disclosures in the Notice. I also understand and agree to being charged up to $30.00 for a missed regular appointment or 50$ for a physical exam (given longer time allocation) as well as the $35.00 charge for any returned check. I agree that by signing this form, it authorizes Primary Care of Shelton to bill to my insurance company.

I agree by signing this form to authorize receiving email and text messages from Primary Care of Shelton regarding my health and my appointments.

Patient's Signature: ____________________ Date: __/__/____

Legal Guardian’s Signature: ____________________ Date: __/__/_____