



THE CENTER FOR SURGICAL WEIGHT-MANAGEMENT

St. Alexius Hospital
3933 South Broadway
St. Louis, MO 63118

St. Alexius NewStart
3535 South Jefferson, Ste 201
St. Louis, MO 63118

800-245-1431 Phone
314-268-6194 Fax

PATEINT INSURANCE INFORMATION

1. Name: _____ Date of Birth ____ / ____ / ____
Daytime Phone: _____ Evening Phone: _____
Address: _____
Street City State Zip
Social Security No: _____
Employer: _____ Employer Phone: _____
Statu (circle one): Full Time Part Time Self-employed Homemaker Student
Retired Disabled Unemployed Not Specified
Spouse's Name: _____ Date of Birth ____ / ____ / ____
Spouse's Social Security No: _____
Spouse's Employer: _____ Employer Phone: _____
Status (circle one): Full Time Part Time Other: _____

2. PRIMARY INSURANCE

Insurance Company Name: _____
Policy Holder Name: _____
ID No: _____ Group No: _____
Insurance Company Customer Service Phone: _____

3. SECONDARY INSURANCE

Insurance Company Name: _____
Policy Holder Name: _____
ID No: _____ Group No: _____
Insurance Company Customer Service Phone: _____

IMPORTANT- PLEASE READ AND SIGN

I authorize St. Alexius NewStart to release to the surgeon of my choice, my insurance company or any third party, any information including diagnosis and records of such treatment, as necessary to determine my eligibility for any procedure, my liability for payment, and to obtain reimbursements.

Signature: _____ Date: ____ / ____ / ____