TATYANA KUTSY, M.D.
1750 112th Ave. NE, Suite D160
Bellevue, WA 98004

the office of Tatyana Kutsy, M.D.

425-637-2340

Patient, Pharmacy and Insurance Information

Patient Information

Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____

Suffix: _____

Street: _____ Zip: _____ City: _____ State: _____ Country: _____

Preferred Phone #: _____ Is this a mobile number? ☐ Yes ☐ No

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female ☐ Unspecified

Emergency Contact: _____ Emergency Phone #: _____

Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Responsible Party

First Name: _____ Middle Name: _____ Last Name: _____

Street: _____ Zip: _____ City: _____ State: _____ Country: _____

Date of Birth: _____ Sex: ☐ Female ☐ Male ☐ Unspecified

Responsible Party Signature: _____ Date: _____

Preferred Pharmacy

Name: _____ Phone Number: _____

Street: _____ Zip: _____ City: _____ State: _____

Name & phone number of friend or relative not living with you:

_____

Patient Consent & Responsibility for Payment *(please read carefully)*

The undersigned consents to and authorizes treatment by Dr. Kutsy and her immediate assistants. The undersigned grants Dr. Kutsy's office the right to release any or all medically pertinent information about the patient upon demand by the party paying the patient's account. The undersigned agrees that, notwithstanding any insurance, government program, or third-party suit, which may pertain to the patient's account, he/she is ultimately responsible for full payment of all treatments and procedures performed or authorized by Dr. Kutsy's office.

_____ _____

(signature) *(date)*

(note: parent or guardian must sign if patient is underage or incapacitated)

We would appreciate it if you would provide the following information as well:

How did you find out about Dr. Kutsy?

_____