

Welcome to our office!

In order to make sure we have your records reflect your identity accurately but also that we bill your insurance according to how you are registered with them we would appreciate if you would share the following information with us:

Name on insurance card:

Gender marker associated with your insurance:

Name on your driver's license/state ID:

Gender marker on your driver's license/state ID:

Preferred name when being called from the waiting room:

Preferred name when being addressed in private by your providers:

Most accurate pronouns (for example he/him/his, she/her/hers, they/their/theirs, etc):

Most accurate gender description (for example woman, man, trans man, trans woman, genderqueer, gender non-conforming, androgynous, etc):

Please give this completed form back to the front office staff before being called back!

We understand that these may change, please let us know if this occurs!