

Ward F. Cunningham Rundles, M.D.

240 East 68TH Street
New York, New York 10065
(212) REgent 7-8973
(212) 737-8973
Fax (212) 737-3624
E-mail ward@wcrmd.com

PATIENT INFORMATION

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Cell Phone: _____
Zipcode: _____ Fax Number: _____
Employer: _____ Date of Birth: _____
Email address: _____ SSN: _____
Marital status: _____

Responsible Party (Insured, Information)
(If same, write "same")

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Date of Birth: _____
Zipcode: _____ SSN: _____
Employer: _____ Patient Relation: _____

Insurance Information
Please show us any insurance cards you have including pharmacy cards

Primary Insurance: _____ Insured Party: _____
Address: _____ Insurance ID#: _____
Secondary Insurance: _____ Group #: _____
Address: _____ Insured Party: _____
Insurance ID#: _____
Group #: _____

I hereby authorize the practice of Ward F. Cunningham-Rundles, MD, the release of any medical information that is necessary. I authorize payment of medical benefits to the practice of Ward F. Cunningham-Rundles, MD.

Patient's or Authorized Signature _____ Date _____