



N o v a I n V i t r o F e r t i l i z a t i o n

Registration Form

Patient Name _____ Partner Name _____

Date of Birth _____ Date of Birth _____

SSN _____ SSN _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Home Address _____

Can mail with Nova letterhead be sent to this home address? Yes No

Contact Information May we leave a message at this number?

Home Phone _____ Yes No

Patient Work Phone _____ Yes No

Patient Cell Phone _____ Yes No

Partner Work Phone _____ Yes No

Partner Cell Phone _____ Yes No

Patient Partner

*Email Address #1 _____ Email Address #1 _____

Email Address #2 _____ Email Address #2 _____

**Nova may e-mail invoices and statements to this e-mail address unless otherwise specified*

How did you hear about Nova? _____

Nova In Vitro Fertilization is a single physician medical center, assisted by Jessica Boone, PA-C and Danielle Rappai, WHNP-BC, NP. I acknowledge that Dr. Schmidt, Jessica Boone and Danielle Rappai will be participating in my treatment. Dr. Schmidt is licensed and regulated by the Medical Board of California (800) 633-2322, Jessica is licensed and regulated by the Physician Assistant Committee (916) 561-8780 and Danielle is licensed by the California Board of Registered Nursing (916) 322-3350.

Nova does not bill medical insurance. I acknowledge that I am responsible for all charges for services rendered to me or to my partner. I understand that all fees are due and payable at the time of service. Payment can be made by personal check, cash or credit card (Visa/MC/AmEx). I will be given a statement that I can submit to my insurance company.

Signature _____ Date _____

rev 9/14/16