

SCOTT GYNECOLOGY & PELVIC SURGERY, PC

PATIENT REGISTRATION FORM

PLEASE PRINT AND FAX TO US OR BRING WITH YOU

DATE: _____

Our Fax Number: 678-264-0939

PATIENT INFORMATION

LAST NAME	FIRST	M.I.
DOB	SSN	E-MAIL ADDRESS
HOME ADDRESS	PHONES (HOME AND CELL)	
EMPLOYER	EMPLOYER PHONE	MARITAL STATUS

INSURANCE

INSURANCE? SELF PAY?

INSURANCE CO: _____ RELATION TO INSURED: SELF SPOUSE OTHER

SUBSCRIBER NAME: _____ SUBSCRIBER DOB: _____

SUBSCRIBER ID: _____ GROUP ID: _____

SECONDARY INSURANCE?

INSURANCE CO: _____ RELATION TO INSURED: SELF SPOUSE OTHER

SUBSCRIBER NAME: _____ SUBSCRIBER DOB: _____

SUBSCRIBER ID: _____ GROUP ID: _____

EMERGENCY LOCAL CONTACT Spouse Relative Friend

NAME: _____ Phone: _____

Medical Information or tests results: Give to PATIENT ONLY May give to the following person:

NAME: _____ Phone: _____

Messages and Appointment Reminders: May leave on home answering machine
 May leave on work voice mail
 Do NOT leave messages at home or work voice mail

Email Reminder and Notifications: email is often used for appointment reminders and notification that your test results are ready. Be aware that NO personal or financial information will be sent by regular email. NO test results will be emailed. Only notifications will be sent.

May use email for reminders and notifications May NOT use email

AUTHORIZATION: The above information is true to the best of my knowledge. I authorize my medical benefits be paid directly to Scott Gynecology & Pelvic Surgery, PC. I understand that I am financially responsible for the billing charges, "non covered" services not paid by insurance, and services denied as a result of my providing incorrect insurance information. I also authorize Scott Gynecology & Pelvic Surgery, PC to release any information regarding my medical history for the purpose of obtaining insurance compensation, precertifications, referrals, coordination of care with other health care providers, insurance carrier for quality assurance and for the purpose of filing a complaint with the Insurance commissioner.

Signature: _____ Date: _____