OB GYN PARTNERS PC

REGISTRATION

Date ______ Preferred Pharmacy ______ PrimeSuite ID ______

PATIENT INFORMATION

Name ______
Last *First* *M.I.*

Date of Birth ______ Social Security # ______ Driver's License ______

Address ______ City ______

State ______ Zip ______ Home Phone ______ Cell Phone ______

Email Address ______ *Please indicate preferred contact method*

May we leave confidential messages on your home voicemail? Yes ______ No ______

Patient Employer ______ Business Phone ______

Race ☐American Indian/Alaska Native ☐Asian ☐Black/African American ☐Pacific Islander ☐White/Caucasian ☐Hispanic ☐Other ☐Declined

List the people, including family members we have permission to discuss your medical care with. ______ ______ ______ ______

Emergency Contact ______ Phone ______

Emergency Contact ______ Phone ______

Whom may we thank for referring you? ______

PRIMARY INSURANCE

Person Responsible for account ______
Last *First* *M.I.*

Relationship ______ Birth Date ______ SSN ______

Address ______ City ______
If different

State ______ Zip ______ Home Phone ______ Other Phone ______

Responsible Party Employer ______ Phone ______

Insurance Company ______

Policy # ______ Group # ______

SECONDARY INSURANCE

Subscriber Name ______ Relationship ______ Birthdate ______

Address ______ City ______
If different

State ______ Zip ______ Home Phone ______ Other Phone ______

Responsible Party Employer ______ Phone ______

Insurance Company ______

Policy # ______ Group # ______

ASSIGNMENT AND RELEASE

I certify that I (or my dependent) have insurance coverage through ______

And assign directly to OB GYN PARTNERS PC all insurance benefits, if any, otherwise payable to be for serviced rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the release of all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of responsible party ______ Relationship ______ Date ______