

OBSTETRICAL & GYNECOLOGICAL ASSOCIATES, P.C.

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Please Print

**PATIENT REGISTRATION
PAYMENT DUE WHEN SERVICES ARE RENDERED**

DATE	REFERRED BY	RELIGION				
		M S D SEP WID				
PATIENTS LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	AGE	RACE	MARITAL STATUS (CIRCLE ONE)
STREET ADDRESS		CITY	STATE	ZIP CODE	HOME/CELL PHONE	
OCCUPATION		SOCIAL SECURITY NUMBER			WORK PHONE	
EMPLOYERS NAME & ADDRESS						
IN CASE OF EMERGENCY (OTHER THAN SPOUSE)			RELATIONSHIP		PHONE	
PRIMARY INSURANCE COMPANY		IDENTIFICATION NUMBER			GROUP NUMBER	
ADDRESS OF INSURANCE COMPANY			POLICY HOLDERS NAME			
SPOUSE (PARENT IF MINOR)		DATE OF BIRTH		SOCIAL SECURITY NUMBER		
NAME OF SPOUSE'S EMPLOYER		OCCUPATION		SPOUSE'S PHONE		
PRIMARY CARE PHYSICIAN		PHONE		FAX		
SECONDARY INSURANCE COMPANY		IDENTIFICATION NUMBER			GROUP NUMBER	
ADDRESS OF SECONDARY INSURANCE COMPANY			POLICY HOLDER NAME			

PATIENT AUTHORIZATION & FINANCIAL POLICY

Payment: I agree and understand that I am personally liable to the medical service provider for payment of any balance on my account or on any account for which I am responsible as a parent or guardian (which may include professional service fees, missed appointment fees, bounced check charges etc.) regardless of whether insurance benefits have been applied for or received, including interest on any outstanding balance(s) at the rate of 18% per annum accruing 30 days from the issuance date of the statement(s) and for all and any collection costs or fees, including but not limited to, 40% attorney's fees and court costs if the account(s) is/are turned over to a third party and/or an attorney for collection. I agree and understand that if I do not dispute in writing the amounts and charges set forth in any statement within 30 days after its issuance date, that I am agreeing that the amounts and charges set forth in any statements are fair, reasonable and accurate. I agree and understand that if I file an action/counterclaim against the medical service provider/practice and the medical provider/practice incurs any costs and attorney's fees for its/their defense, I am liable for such costs and attorney's fees if the medical service provider/practice is the prevailing party in said proceeding, which shall include, but not be limited to, bankruptcy, arbitration, mediation, litigation or other process.

SIGNATURE

DATE