

OBSTETRICAL & GYNECOLOGICAL ASSOCIATES, P.C.

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PATIENT REGISTRATION

PAYMENT DUE WHEN SERVICES ARE RENDERED

PLEASE PRINT

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

PATIENT AUTHORIZATION & FINANCIAL POLICY

Payment: I agree and understand that I am personally liable to the medical services 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 checks 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 part in said proceeding, which shall include, but not be limited to, bankruptcy, arbitration, mediation, litigation or other process.

SIGNATURE

DATE