ADVANCED gynecology Specialists of Augusta

Patient Registration Form

PATIENT INFORMATION		
Patient #:		Date of Birth
Last Name:		Age:
First Name:	Middle Initial:	SSAN:
Address		Home Phone
City, State, Zip		Cell Phone:
Occupation:	Email address:	
Employer:		Occupation:
Employer Mailing Address:		Work Phone:
City, State, Zip:		
Spouse's Name:		Phone Number:
Name of Emergency Contact:		Phone Number:

INSURANCE INFORMATION	
Primary Insurance:	Policy/Subscriber:
Address:	Insured Policy ID:
City/State/Zip	Group#:
Plan Phone:	Effective Date of Plan:
Patient Relationship to Subscriber:	Date of Birth:
Secondary Insurance:	Policy/Subscriber:
Address:	Insured Policy ID:
City/State/Zip	Group#:
Plan Phone:	Effective Date of Plan:
Patient Relationship to Subscriber:	Date of Birth:

FINANCIALLY RESPONSIBLE PARTY Complete this section only if the information is different from the Patient Information Section		
Account #:	Guarantor's Relationship to Patient:	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated		Gender: ☐ Male ☐ Female
Last Name:		Date of Birth:
First Name:		SSAN:
Address:		Phone:
City/State/Zip		
Employer:		Phone:
Address:	City/State/Zip:	

PARENT/LEGAL GUARDIAN AND EMERGENCY CONTACT INFORMATION (PATIENTS 18 AND YOUNGER) Complete this section if different from the information provided in the Financial Responsibility section	
Parent/Guardian Name:	Emergency Contact:
Address:	Address:
City/State/Zip:	City/State/Zip
Parent Home Phone:	Contact Home Phone:
Parent Work Phone:	Contact Work Phone:

PRIMARY CARE PHYSICIAN'S INFORMATION	
Name:	Phone:
Group Name:	
City/State/Zip:	

HOW DID YOU HEAR ABOUT OUR PRACTICE?

MEDICAL AUTHORIZATION AND RELEASE OF INFORMATION

OUR FINANCIAL POLICY: Unless other arrangements have been made in advance, payment is due at the time of service. Co-payments are always due at the time of your visit. For your convenience, we accept personal checks, cash, Visa and MasterCard. If you do not have active insurance coverage or do not have documentation of your coverage, we will ask that you pay for services at the time of your visit. We require our staff to check your insurance card at each visit, so please have it ready at the time of check-in. We participate with most major carriers and will bill those plans with which we have an agreement. All co-payments or deductibles are due at the time of service. In the event your health plan determines a service to be not covered, you will be responsible for the charges. If you have insurance coverage through a plan with which we do not have an agreement, we will prepare and send the claim for you as a courtesy; however, payment is still your responsibility at the time of service. We will submit claims to your health care plan for services provided in the hospital. However, your portion of the deductible and coinsurance must be paid in advance of your planned surgery or estimated delivery. Our office typically uses Mullins or University Hospital for laboratory services unless otherwise specified by you. If your insurance carrier requires another laboratory please let us know so that you will not be responsible for the charge. We use the services of an outside collection agency for past due accounts. In the event that attorney and/or court fees are required to collect your account balance you will be responsible for those charges in addition to your charges from our practice. Patients with accounts in bad debt will not be allowed to schedule further appointments until the balance is paid in full. MINORS: all services rendered to minors will be the financial responsibility of the adult accompanying the minor. I have read and understand the financial policy of Advanced Gynecology Associates Augusta and I agree to be bound by its terms. By entering my name below I agree to the above

Signature _____ Date _____

Do you authorize us to release medical records to your other health care providers? ☐ Yes ☐ No

The telephone number we can call to leave a detailed message: _____

Print Form

Please fax form to 706-922-3217