

Patient Registration Form

Patient Information

Name _____
First Middle Last

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

Marital Status: Single Married Divorced Separated Widowed Race: _____ Hispanic or Latino? Yes No Preferred Language: _____

Mailing Address: _____
Street Apt/Ste # City State Zip Code

Mobile Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

I give Hendersonville Obstetrics and Gynecology, and their staff, permission to call, leave a message, or email me for the purpose of notification of laboratory results or appointment reminders. Check the ones you would like for us to use:

Text ___ Email ___ Cell ___ Home ___ Work ___

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Employer: _____ Address: _____

Preferred Pharmacy: _____
Name Address Zip Code

Insurance Information

Primary:

Insurance Co: _____ : Policy #: _____ Group #: _____

Policy Holder: _____ Date of Birth: ____/____/____ SSN: ____ - ____ - ____

Relationship to Insured: _____

Secondary (If applicable):

Insurance Co: _____ Policy #: _____ Group #: _____

Policy Holder: _____ Date of Birth: ____/____/____ SSN: ____ - ____ - ____ Relationship to insured: _____

Who is responsible for payment today and any remaining balance? (**MUST be 18 or older**)

Name: _____ Date of Birth (for proof of age): ____/____/____ Relationship: _____

Please Remember:

Our charges are due at the time services are performed. Payment is your obligation regardless of insurance or third party involvement, unless we are a participating member of your PPO or HMO.

Assignment and Release: I authorize payment of insurance benefits to be paid directly to **Advanced Health Partners, dba Hendersonville Obstetrics and Gynecology**. I also authorize Hendersonville Obstetrics and Gynecology to release any information required to process the claim. I further understand and agree that if the accounts for which I am responsible become delinquent, I will pay for all costs associated with the collection process. These may include, but would not be limited to, collection fees, attorney's fees and court costs.

Signature: _____ Date: _____