

PATIENT REGISTRATION

Patient Full Legal Name - Please do not use nicknames				Date of Birth		Age	
Address				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
City		State		Zip Code		Social Security #	
Home Phone		Work Phone		Ext		Email	
Race		Ethnicity			Religion		
Driver's License #		Primary Language		Preferred Pharmacy Name and Phone Number			
Preferred Method of Communication:		Phone	Email	Text	Patient Portal	Mail	Other
Patient's Employer				Person with Primary Insurance			
Employer Address				Name of Insurance and Policy Number			
Employer City		State		Zip		Subscriber Social Security	
						Subscriber Date of Birth	
Spouse/Parent				Person with Secondary Insurance			
Spouse/Parent's Employer				Name of Insurance			
Work Phone			Ext		Subscriber Social Security		Subscriber Date of Birth
Contact in Case of Emergency					Relationship to Patient		
Emergency Contact Address					Emergency Phone Number		
<p>It is the policy of the office to require payment at the time services are provided. This includes full payment for uninsured individuals and co-payments or co-insurance for those on commercial insurance plans. If your account can not be collected by our office your account may be turned over to an outside collection agency. In addition, you will be responsible for any court cost, attorney fees, or collection agency fees incurred. By signing below, I am stating that I understand this policy. I understand that checks returned from my bank unpaid for any reason may result in additional charges with future services to be paid by cash or credit card. Also, by signing below, I am authorizing Womens Group of Franklin, PLLC to furnish all the necessary information to my insurance company by phone, fax, electronic mail, or conventional mail which they may request to process claims or to comply with any audits that may be requested by my insurance company.</p>							
Patient Signature					Date		
Parent or Guardian if under 18							