Atlanta Women's
OBSTETRICS & GYNECOLOGY, PC
Women Proudly Caring for Women

275 Collier Road NW Suite 230
Atlanta, GA 30309
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Telephone (404) 352-3616
Facsimile (404) 352-2028
Answering Service (404) 609-0358

Patient Registration

Patient: Today's Date:

Address: Home Phone:

City: State: Zip: Cell Phone:

Primary MD: Email:

Marital Status: Single: ☐ Married: ☐ Partnered: ☐ Widowed: ☐ Separated: ☐ Divorced: ☐

Patient's	**Spouse's**
Name:	Name:
Birthday Day:	Birthday:
Social Security Number:	Social Security Number:
Employer:	Employer:
Occupation:	Occupation:
Work Phone:	Work Phone:

Person Responsible for Bill

Name: Employer:

Mailing Address: Occupation:

City: State: Zip: Work Phone:

Insurance Information

Primary Insurance:	Secondary Insurance:
Subscriber's Name:	Subscriber's Name:
Patient's Relationship:	Patient's Relationship:
To Subscriber: Self: Spouse: Other:	To Subscriber: Self: Spouse: Other:
Social Security Number:	Social Security Number:
Subscriber's Birth Day:	Subscriber's Birth Day:
Subscriber's Employer:	Subscriber's Employer:
Group#: ID#:	Group#: ID#:

Other Information

In case of emergency, local friend or relative to be notified (not living at same address)

Name: Relationship to Patient:

Home Phone: Work Phone:

Assignment and Release: I hereby authorize my insurance and/or government benefits be paid directly to the physician. I am financially responsible for any balance due. I also authorize the doctor or insurance company to release any information, including medical records, required to obtain payment.

Signed: Date: