

PATIENT REGISTRATION SHEET ** BLUEFIELD WOMEN'S CENTER, P.C.**

PATIENT'S FULL NAME: _____ AGE: _____

ADDRESS: _____ Email: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE: _____ 2ND CONTACT PHONE: _____

DATE OF BIRTH: _____ Social Security # _____

PATIENT'S EMPLOYER & ADDRESS: _____

SPOUSE'S FULL NAME: _____ OCCUPATION: _____

SPOUSE'S DATE OF BIRTH: _____ SPOUSE'S SOCIAL SEC. # _____

SPOUSE'S EMPLOYER & ADDRESS: _____

PRIMARY INSURANCE: _____

CARDHOLDER'S NAME: _____

SECONDARY INSURANCE: _____

CARDHOLDER'S NAME: _____

*******IF UNMARRIED AND UNDER 18 YEARS OF AGE, WHO IS YOUR LEGAL GUARDIAN?*******

Name: _____ Phone: _____

Address: _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION: I hereby authorize release of any information acquired during the course of my examination and treatment that is necessary to process my medical claims.

AUTHORIZATION FOR ASSIGNMENT OF BENEFITS TO THE FACILITY AND/OR PHYSICIAN: I hereby authorize payment to Bluefield Women's Center, P.C. and/or Dr. Randy Brodnik for medical and/or surgical benefits that may be payable to or for me, for services rendered in this facility.

I understand that it is my responsibility to facilitate the collection of such charges that may be incurred during my experience at Bluefield Women's Center, P.C. or for services rendered to me (or the above mentioned minor) by Dr. Brodnik at the hospital, to the best of my ability.

Bluefield Women's Center, P. C., as a courtesy, will submit charges to my insurance carrier, for services rendered. However, if for any reason, my insurance company does not pay for the services within a reasonable period of time (60 days), I will be fully responsible for any and all balances due on my account.

Signature: _____ Date: _____

THIS FORM MUST BE COMPLETED EACH TIME THERE IS A CHANGE IN MY POLICY OR SITUATION THAT MIGHT EFFECT ANY BILLING ACTIVITY.

ALSO REQUIRED FOR IDENTIFICATION PURPOSES, ARE:

1. CURRENT INSURANCE BENEFICIARY CARD
2. CURRENT UP-TO-DATE DRIVER'S LICENSE
3. SOCIAL SECURITY CARD (OR ANY OTHER RECOGNIZED IDENTIFICATION CARD)