



REGISTRATION FORM

FOR OFFICE USE ONLY
Patient Registration Completed
DATE: _____ Time _____
Staff Initials: _____

PATIENT'S NAME _____ D.O.B. _____ SSN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TEL _____ WORK TEL _____ CELL _____

(Please circle which phone number we can leave a message on)

EMAIL ADDRESS _____

MARITAL STATUS: () SINGLE () MARRIED () DIVORCED / LANGUAGE (circle one) ENG / SPANISH / OTHER: _____

EMPLOYER _____ PHONE NUMBER _____

EMERGENCY CONTACT _____ PHONE _____ RELATION _____

PRIMARY CARE PHYSICIAN _____ PHONE _____

PHARMACY NAME _____ PHONE _____

INSURANCE INFORMATION

PRIMARY INSURANCE CARRIER/COMPANY _____ SUBSCRIBER'S NAME _____

SUBSCRIBER ID# _____ GROUP# _____

SUBSCRIBER'S D.O.B. _____ SSN# _____ PHONE NUMBER _____

SUBSCRIBER'S EMPLOYER _____ ADDRESS: _____

EMPLOYER'S PHONE NUMBER _____

RELATION TO INSURED: self spouse child other _____

IF SECONDARY INSURANCE CARRIER/COMPANY _____ SUBSCRIBER'S NAME _____

SUBSCRIBER'S ID# _____ GROUP# _____

SUBSCRIBER'S D.O.B. _____ SSN# _____ PHONE NUMBER _____

SUBSCRIBER'S EMPLOYER _____ ADDRESS: _____

EMPLOYER'S PHONE NUMBER _____

RELATION TO INSURED: self spouse child other _____

I agree to be financially responsible for the medical services rendered by South Bay OB/GYN Medical Group, Inc. Payment is due at the time of services, unless other arrangements are made. I understand that if I pay cash for my visit, then later I get retro insurance, my money will not be refunded. I authorize release of Medical information regarding the nature of my exam, if it's required to complete the processing of my insurance or Medi-cal claims. Should this account be referred for collections, the undersigned agrees to pay all reasonable collection cost. It is your responsibility to verify what hospitals are contracted with your Insurance or IPA.

I hereby authorize Elmer W. Harder, MD or other licensed/qualified medical personnel of South Bay OB/GYN Medical Group, Inc to render services as necessary.

Signature _____

Date _____