

**Georgia Hormones, P.C.**  
**Patient Information:**

07-26-09

(last) (first) (mi)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Primary Insurance**

City/State/ Zip \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

**Secondary Insurance**

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Marital Status \_\_\_\_\_

**Your Employer** \_\_\_\_\_

Spouse's name \_\_\_\_\_

Person Responsible for bill:

Spouse's SS# \_\_\_\_\_

Self \_\_\_\_\_ Other \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Relation to Patient \_\_\_\_\_

Primary care physician? \_\_\_\_\_

As part of your health care, Georgia Hormones will need to contact you from time to time, to remind you of an appointment, provide test results, give instructions, or to provide information.

**I authorize Georgia Hormones to contact me in the following ways:** Order of preference 1,2,3..

- ( ) Home phone: ( ) \_\_\_\_\_.....OK to leave message Yes \_\_\_\_\_ No \_\_\_\_\_  
( ) Cell phone: ( ) \_\_\_\_\_.....OK to leave message Yes \_\_\_\_\_ No \_\_\_\_\_  
( ) Work Phone: ( ) \_\_\_\_\_.....OK to leave message Yes \_\_\_\_\_ No \_\_\_\_\_

( ) Personal email \_\_\_\_\_ OK to leave message Yes \_\_\_\_\_ No \_\_\_\_\_

( ) Written note to home address.....OK to leave message Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

I authorize any holder of medical or other information about me to release to my insurance company or to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply. **I UNDERSTAND THAT PAYMENT OF ALL CHARGES IS MY ULTIMATE RESPONSIBILITY, REGARDLESS OF INSURANCE COVERAGE.**

Signed \_\_\_\_\_ Date \_\_\_\_\_