



A Member of
FORT SANDERS REGIONAL MEDICAL CENTER

We Would Like to Thank You for Choosing
**Fort Sanders Women's Specialists &
Fort Sanders Perinatal Center**

for Your Health Care Needs.



Women's Specialists
A Member of
FORT SANDERS REGIONAL MEDICAL CENTER

PATIENT REGISTRATION UPDATE

Patient ID: _____
Provided by Staff

Last Name:		First Name:		MI:
Residential Address:			Preferred Phone: []Home []Cell	
City: State: Zip:			Home Phone:	
			Cell Phone:	
Emergency Contact:		Relationship to Patient:		Phone Number:

INSURANCE INFORMATION

#1 Primary Insurance:	Policyholder's Name:		
Relationship to Patient: []Self []Spouse []Child/Parent []Other	Policyholder's Social Security No:		
	Policy Holder's Date of Birth:		
Member ID#:			Group #

#2 Secondary Insurance:	Policyholder's Name:		
Relationship to Patient: []Self []Spouse []Child/Parent []Other	Policyholder's Social Security No:		
	Policyholder's Date of Birth:		
Member ID#:			Group #

DISCLOSURE CONSENT

What telephone number do you want us to call? _____

May we leave messages on *your* voice mail or answering machine? YES NO NA

Is there anyone other than yourself we can speak to or leave messages with? YES NO

If YES;

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Primary Care Doctor: _____ Phone: _____

Referring Doctor: _____ Phone: _____

ELECTRONIC COMMUNICATION

E-MAIL Correspondance: YES NO PORTAL correspondance: YES OPT OUT

EMAIL ADDRESS: _____

I hereby authorize payment directly to the Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for services as described, realizing I am responsible to pay non-covered services. I understand that if my account is turned over to a collection agency, I will be responsible for any applicable fees. I hereby authorize the Physician to release any information acquired in the course of my treatment necessary to process insurance claims.

Patient Signature: _____

Date: _____

Signature of Gaurdian: _____

Date: _____

Relationship: _____