

# CLASSIC CITY OB/GYN, LLC PATIENT REGISTRATION FORM

## **PATIENT INFORMATION (PLEASE PRINT)**

Patient's Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_

Marital Status  Married  Single  Divorced  Widowed  Legally Separated  Other

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Telephone # (\_\_\_\_\_) \_\_\_\_\_ Work Telephone # (\_\_\_\_\_) \_\_\_\_\_ Cellular/Pager # (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Employment Status  Employed  Full-Time Student  Part-Time Student  Self-Employed  Unemployed

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse Name Last \_\_\_\_\_ First \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Patient's Relationship to Emergency Contact \_\_\_\_\_

## **RESPONSIBLE PARTY INFORMATION (if other than self)**

Responsible Party Name Last \_\_\_\_\_ First \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone # (\_\_\_\_\_) \_\_\_\_\_ Work Telephone # (\_\_\_\_\_) \_\_\_\_\_ Cellular/Pager # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Employment Status  Employed  Full-Time Student  Part-Time Student  Self-Employed  Unemployed

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Patient Relationship to Responsible Party \_\_\_\_\_

## **PRIMARY INSURANCE INFORMATION (provide your insurance card to the front desk at check-in)**

Name of Insured \_\_\_\_\_ Co-pay Amount \$ \_\_\_\_\_ Insured Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Subscriber ID (Policy Number) \_\_\_\_\_ Group Number \_\_\_\_\_

## **SECONDARY INSURANCE INFORMATION (provide your insurance card to the front desk at check-in)**

Name of Insured \_\_\_\_\_ Co-pay Amount \$ \_\_\_\_\_ Insured Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Subscriber ID (Policy Number) \_\_\_\_\_ Group Number \_\_\_\_\_

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge. I hereby authorize Classic City OB/GYN, LLC to release to my insurance company and Health Care Financing Administration or its Intermediates or Carriers, information acquired in the course of my examination or treatment. I hereby authorize benefits to be paid directly to Classic City OB/GYN, LLC. I understand that I am responsible for any unpaid balance. I further understand that I may be charged for appointments that I fail to keep without 48 hour prior notification and that office policy requires a \$25.00 fee for returned checks. I realize I am responsible for any billing fees and late charges on unpaid balances, as well as any collection/attorney fees that Classic City OB/GYN may incur in collecting any balance of my account. I further realize that should I need disability forms completed, I will be charged a modest fee of \$25.00 for completion of such forms.

X \_\_\_\_\_  
Signature of Patient/Guardian/Responsible Party Date

# Classic City OB/GYN

Classic City OB/GYN, LLC  
740 Prince Avenue, Building 2  
Athens, GA 30606  
Phone: 706-549-1111  
Fax: 706-549-1122

*Providing Compassionate, Quality Healthcare for Women*

*Leah D. Lowman, M.D.  
Ouanza A. Puplampu, M.D.  
Dayna J. Smith, M.D.  
Amy Gaynor, N.P.  
Stephanie Johnson, N.P.*

Welcome to Classic City OB/GYN, LLC. We are pleased that you selected our office to provide your OB/GYN needs. Please take time to thoroughly read the following information regarding our office policies. An understanding of these policies should assist you in becoming oriented to the processes of our office and how they affect you.

**Cancellations/Missed Appointments:** If you determine that you will not be able to keep your scheduled appointment, please contact the office as soon as possible to cancel and reschedule your appointment. As we try to accommodate our patient's needs when scheduling, we may be able to offer your appointment to another patient. Unfortunately, due to our medical staff's time constraints, each appointment is valuable. After two missed appointments without a call for cancellation, our policy is to discharge your care to another provider. We try to honor your appointment at the time it is scheduled, but unforeseen delays occur due to emergencies. Because of this, we hope you will understand if you are not seen as promptly as scheduled. We will inform you of any delay so that you can have the option of waiting or rescheduling your appointment. We may also offer for you to see another provider in the office that day to avoid interruption of your care. However, the choice will be offered to you for your decision.

**Prescription Requests/Refills:** During regular office hours our nurses will answer your prescription questions or arrange prescription refills. All prescriptions and authorizations for refills must be requested during regular office hours. Our physicians will not call in medications after hours due to the inaccessibility of your medical record.

**Insurance:** We accept many insurance plans and are happy to submit your claim as a courtesy to you. It is your responsibility to notify us of any changes in your insurance coverage and benefits. Any co-payments and/or deductibles that are due as a result of your policy are expected to be paid at check-in.

**After-Hours/Emergency Problems:** In the event of a true after-hours emergency, you will need to call our main phone number 706-549-1111 and our 24-hour answering service will contact the physician on call to return your call promptly. Please use discretion when utilizing this service and if the situation is one that can wait until the office opens, please wait and call our office. We can then access your information and treat appropriately. All after-hour situations of a true emergency will be handled according to the problem to provide you the best of care. If you contact our after-hours answering service and do not receive a call back from one of our physicians within 30 minutes, please contact the answering service again and inform them that it is your second call. If you determine that you have an emergency during regular office hours, please do not wait until the evening to contact the office. Our medical staff will be made aware of your situation immediately and will attend to your problem while they are in the office. **If you are pregnant and think you are in labor**, please call 706-549-1111. Our office staff is trained in how to handle this type of call. Should it be after regular office hours, please tell the answering service you think you are in labor. They will page the physician on call, who will then return your call.

I have read and understand the above office policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_