



ETOWAH VALLEY OBSTETRICS AND GYNECOLOGY, P.C.

D. Ben Warren, M.D.

Steven Spivey, M.D.

Barbora Snuggs, MSN/CNM

Holly Burman, WHNP

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I. _____

BIRTH DATE: ____/____/____ AGE: _____ SOCIAL SECURITY # _____ - _____ - _____

CHECK ONE: SINGLE: _____ MARRIED: _____ WIDOWED: _____ DIVORCED: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE # (____) _____ - _____ WORK PHONE # (____) _____ - _____

REFERRING DOCTOR: _____ FAMILY DOCTOR: _____

YOUR EMPLOYER: _____ PHONE # (____) _____ - _____

SPOUSE'S NAME: _____ DOB: ____/____/____ SS# _____ - _____ - _____

SPOUSE'S EMPLOYER _____ PHONE # (____) _____ - _____

INSURANCE INFORMATION

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED UNLESS OTHER ARRANGEMENTS HAVE PREVIOUSLY BEEN MADE WITH THE OFFICE MANAGER.

INSURANCE: _____ CIRCLE ONE: HMO PPO POS MEDICAID SELF-PAY

INSURED NAME: _____ DOB: ____/____/____

POLICY # _____ GROUP # _____

CLAIMS ADDRESS: _____

CUSTOMER SERVICE PHONE # (____) _____ - _____

IN CASE OF EMERGENCY WHOM SHOULD WE CONTACT? PLEASE LIST SOMEONE OUTSIDE THE HOME:

CONTACT NAME: _____ PHONE # (____) _____ - _____

IF REFERRED BY A FRIEND, NAME: _____ PHONE # (____) _____ - _____

ASSIGNMENT OF BENEFITS: I HEREBY ASSIGN ALL MEDICAL AND OR SURGICAL BENEFITS TO INCLUDE MAJOR MEDICAL BENEFITS WHICH I AM ENTITLED, INCLUDING ANY OTHER HEALTH CARE PLAN TO ETOWAH VALLEY OB/GYN. THIS ASSIGNMENT WILL REMAIN IN EFFECT UNTIL INVOKED BY ORIGINAL. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY SAID INSURANCE. I HEREBY AUTHORIZE ETOWAH VALLEY OB/GYN TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT. DUE TO INSURANCE CHANGES, YOU WILL RECEIVE A BILL FROM THE PATHOLOGIST IF YOU HAVE HAD A PAP SMEAR, CULTURE, OR ANY OTHER OFFICE PROCEDURE THAT REQUES TISSUE TO BE SENT OUT.

******THERE IS A CHARGE OF \$10.00 FOR THE COMPLETION OF DISABILITY FORMS OR FMLA.******

PATIENT SIGNATURE: _____ DATE: ____/____/____

PLEASE PROVIDE THE FOLLOWING ID TO THE RECEPTIONIST: INSURANCE CARD, DRIVERS LICENSE