NORTHERN
Obstetrics & Gynecology
a department of Northern Regional Hospital

510 S. South Street
Mount Airy, NC 27030
ph 336−786−4522
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PATIENT REGISTRATION FORM

Last Name _____ First Name _____ Middle Initial _____

Mr. MS. Mrs. Miss Dr. (Prefix (circle one)) M Sg W D Sep (Marital Status (circle one)) _____ (Date of Birth) _____ (Sex) _____ (Social Security #)

Address: _____ City,State,Zip: _____

Primary Phone: _____ Home Cell (circle one)

Secondary Phone: _____ Home Cell (circle one)

Referring Doctor: _____ Primary Doctor: _____

Email: _____

❑ I decline to provide email address

Preferred Pharmacy: _____

Pharmacy City: _____

Primary Language _____
Race _____
Ethnicity _____

Preferred Communication (circle one)
Email Fax Mail Text Patient Portal Phone (circle one) Home − Work − Cell

Employer: _____ Employer Phone: _____

Emergency Contact: _____ Phone Number: _____

Primary Insurance: _____ Policy Holder Name: _____

Policy Holder Relationship: _____ Policy Holder Date of Birth: _____

Secondary Insurance: _____ Policy Holder Name: _____

Policy Holder Relationship: _____ Policy Holder Date of Birth: _____

If the patient is under 18 years old, please provide the following information:

Responsible Party: _____ Date of Birth: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip _____

I authorize my physician or Insurance company to release any information for processing my Insurance claim. I also authorize my Insurance benefits to be paid directly to the doctor. I understand that direct billing is done as a courtesy by this office and that I am financially responsible for the full amount of the charges that are not covered by Insurance including co−pays, deductibles, and non−covered expenses. Co−payments are due at the time of service.

You may receive a separate bill from Northern Regional Hospital for labs obtained at this office, and will receive a discount if laboratory fees are paid in full on the day of service.

You may be charged a $50.00 fee if you are a "No Show" for a scheduled appointment.

I have been informed of my rights and responsibilities.

Signature: _____ Date: _____

Revised 9/17/15