

**SOUTHERN OBSTETRIC & GYNECOLOGIC ASSOCIATES**  
**PATIENT INFORMATION FORM**

**PLEASE PRINT AND COMPLETE ALL ENTRIES**

<b>PATIENT LEGAL NAME (LAST, FIRST, MI)</b>		<b>PREFERRED NAME</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>
<b>SS#</b>	<b>MARITAL STATUS</b>	<b>MAILING ADDRESS (STREET-PO BOX)</b>	<b>(CITY-STATE-ZIP)</b>	
<b>COUNTY</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>CELL PHONE</b>	
<b>FAMILY DOCTOR</b>	<b>PREFERRED CONTACT # (CIRCLE ONE)</b> HOME    WORK    CELL	<b>E-MAIL ADDRESS</b>	<b>OCCUPATION</b>	
<b>PLACE OF EMPLOYMENT</b>		<b>EMPLOYER ADDRESS (STREET-CITY-STATE-ZIP)</b>		

**EMERGENCY CONTACT INFORMATION**

<b>NAME (LAST, FIRST, MI)</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>SS#</b>
<b>ADDRESS (STREET-CITY-STATE-ZIP)</b>		<b>CONTACT PHONE</b>	

**INSURANCE INFORMATION**

<b>PRIMARY INSURANCE NAME</b>		<b>ID NUMBER</b>	<b>GROUP NUMBER</b>	
<b>NAME OF INSURED (POLICYHOLDER)</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>SS#</b>	<b>WORK PHONE</b>
<b>INSURED ADDRESS (STREET-CITY-STATE-ZIP)</b>	<b>PLACE OF EMPLOYMENT (STREET-CITY-STATE-ZIP)</b>		<b>CO-PAY AMOUNT</b>	
<b>SECONDARY INSURANCE NAME</b>		<b>ID NUMBER</b>	<b>GROUP NUMBER</b>	
<b>NAME OF INSURED (POLICYHOLDER)</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>SS#</b>	<b>HOME PHONE</b>
<b>INSURED ADDRESS (STREET-CITY-STATE-ZIP)</b>	<b>PLACE OF EMPLOYMENT (STREET-CITY-STATE-ZIP)</b>		<b>CO-PAY AMOUNT</b>	

**ALL INSURANCE CARDS MUST BE PRESENTED TO THE RECEPTIONIST AT THE TIME OF REGISTRATION.**

I HEREBY AUTHORIZE SOUTHERN OB/GYN ASSOCIATES (SOGA) TO FURNISH INFORMATION TO MY INSURANCE CARRIER(S) CONCERNING MY ILLNESS AND TREATMENTS AND I HEREBY ASSIGN TO THE PHYSICIAN ALL PAYMENTS FOR MEDICAL SERVICES RENDERED TO MYSELF. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY MY INSURANCE AND FOR ALL COSTS (UP TO 25% OF TOTAL CHARGE) AND FEES INCURRED IN AN ATTEMPT TO COLLECT PAYMENT ON MY ACCOUNT. I AUTHORIZE THE USE OF MY E-MAIL ADDRESS AS A MEANS OF COMMUNICATION.

**SIGNATURE:**

**DATE:**

**HOW DID YOU HEAR ABOUT OUR PRACTICE?**