

Atlanta GYN Associates, P.C.
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- P. Kim Diehl, A.P.R.N.

PATIENT INFORMATION

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Last Name	First Name	Middle/Maiden Name	Date
Street Address	Apt. #	City	State Zip
Your Primary Phone Number (OK to Leave Message Y/N)		Your Secondary Phone Number (OK to Leave Message Y/N)	
		Pharmacy Number	
Employer	Occupation	Sex	Race Marital Status M W D S
Date of Birth	Social Security Number	Number of years in Atlanta	
		Number of Children	
Spouse Name	Employer	Work Number	Cell Number
Parent Name (If Under Age 18)	Employer	Work Number	Cell Number
Spouse or Parent Address If Different Than Above			

HEALTH INSURANCE PLAN

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Primary Insurance Company	Secondary Insurance Company
Policy Holder DOB	Policy Holder DOB
Policy Holder's Employer	Policy Holder's Employer
Member ID Number Group Number	Member ID Number Group Number
Patient's Relationship to Policy Holder	Patient's Relationship to Policy Holder

IN CASE OF EMERGENCY, PLEASE NOTIFY

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Name	Relationship	Daytime Phone Number
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REFERRING PHYSICIAN

PRIMARY CARE PHYSICIAN

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Name	Specialty	Name	Specialty
Address	City State Zip	Address	City State Zip
Phone Number		Phone Number	

Where did you hear about the practice? _____ **Did you check our Website?** Yes No
 Any additions to our website you would find helpful? _____
 If from Yellow Pages please indicate: INTERNET ATLANTA MARIETTA/SMYRNA CARTERSVILLE ROSWELL

I hereby authorize Atlanta GYN Associates, P.C., to release to my insurance company, the Social Security Administration, and Health Care Financing Administration or its intermediaries or carriers, information acquired in the course of my examination or treatment. I hereby authorize benefits to be paid directly to them. 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 \$50.00 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 Atlanta GYN Associates may incur in collecting any balance of my account.

Medical record processing at Atlanta GYN Associates includes pulling chart, review by record keeper, complete physician review to make sure outstanding problems are noted, taking chart apart, photocopying, reorganizing & putting sections of charts back together, filing request forms, documenting activity, checking follow-up, refiling chart and getting papers to requestee. Our charge is \$25.00. We mail records directly to patient. You are free to make copies for your other doctors.