

Babies Etc. OB/GYN P. C.
Jacqueline Sylvester, MD

P A T I E N T E N R O L L M E N T / R E G I S T R A T I O N F O R M

M F

Patient's Name Sex Date of Birth Age Race

Home (local) Address & Apt. # City State Zip Code

Permanent (away) Address & Apt. # City State Zip Code

Social Security Number (must) Driver's License # S M D W Marital Status Home Phone #

Patient's Employer Work Phone Number Pharmacy Name/Location

Spouse's Name or Parent if Patient is Child Guarantor (primary name on insurance policy)

Guarantor's Employer Guarantor's Work # Guarantor's Date of Birth Guarantor's SS#

EMERGENCY CONTACT PERSON _____ Relationship _____
Address _____ Phone(s) Number: _____

I N S U R A N C E I N F O R M A T I O N

Do you have Medicare? ___ NO ___ YES If yes, Number _____
Do you have Medicaid? ___ NO ___ YES If yes, Number _____
Do you have other Insurance? ___ NO ___ YES

If YES, please provide the following information and a copy of your card:

P R I M A R Y I N S U R A N C E	S E C O N D A R Y I N S U R A N C E
Insured's Name _____	Insured's Name _____
Insured's Date of Birth _____	Insured's Date of Birth _____
Patient relationship to Insured _____	Patient relationship to Insured _____
Insurance Company name _____	Insurance Company name _____
Address to file claims _____	Address to file claims _____
Subscriber Number _____	Subscriber Number _____
Group Number _____	Group Number _____

PAYMENT FOR SERVICES RENDERED ARE DUE AND PAYALBE AT THE TIME OF VISIT

If Babies, Etc. OB/GYN, P.C. is a provider for your insurance company (we Accept assignment), the Guarantor or responsible Party for the patient's account will be required to pay all co-pays and/or deductibles as outlined in their insurance policies prior to your visit.

For all other insurance companies (those of which Babies, Etc. OB/GYN, P.C. is not a participant), the Guarantor or Responsible Party of the patient will be completely and totally responsible for charges incurred for all services rendered according to Babies, Etc. OB/GYN, P.C. fee schedule prior to your visit.

T H E R E W I L L B E A C H A R G E O F \$ 5 0 . 0 0 F O R A L L N O S H O W A P P O I N T M E N T S .

Guarantor or Responsible Party of the patient will also be responsible for any collection fees; attorney fees, court costs, etc. should the patient's account become delinquent. **ALL BALANCES WILL ACCRUE 2% EACH MONTH AFTER THE FIRST BILLING STATEMENT.**

Signature of Guarantor or Responsible Party Date
Revised March 10, 2009