Endocrine Specialists of Georgia, LLC

40 Fox Chase, Cartersville, Georgia, 30120
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Francisco Puentes, MD, FACE

Patient Registration

Last Name:_____First Name:_____Middle Initial:_____
DOB:_____Sex: Male☐ Female☐ Marital Status: Married☐ Divorced☐ Single☐
Soc Sec#:_____**(MUST HAVE THIS OR YOU ARE A SELF PAY PATIENT)**
Address:_____City:_____State/Zip:_____
Home Phone:_____Cell Phone:_____Email:_____
Pharmacy:_____
Spouse's Name:_____Phone:_____

Employer Information:
Patient's Occupation:_____Employer:_____
Employer's Address:_____
Employer's Phone:_____

Responsible Party Information:
Responsible Party:_____Soc Sec #_____
Address:_____Phone:_____

Insurance Information:
Primary Insurance:_____Phone Number:_____
Member ID #:_____Group #:_____
Policy Holder's name:_____

Secondary Insurance:_____Phone Number:_____
Member ID #:_____Group #:_____
Policy Holder's name:_____

Emergency Conctact Information:
Name:_____Relationship to Patient:_____
Address:_____Phone:_____
City:_____State:_____Zip:_____

Please remember that insurance is considered a method of reimbursing the patient fees paid to the doctor and is not a substitute for payment. Some companies may pay fixed allowances for certain procedures, they sometimes refer to as "reasonable and customary fees". We do not accept this as payment in full (unless otherwise restricted by law or agreement we may have with your insurer). Also some of the insurance companies only pay a percentage of the charges. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance. IN ORDER TO CONTROL YOUR COST OF BILLINGS, WE DO REQUEST THAT OUR CHARGE FOR OFFICE VISITS BE PAID AT THE INITITATION OF EACH VISIT. In the event the account is turned over for collection, the collection fees and or legal fees including attorney fees shall be your responsibility.
I hereby assign all medical and/or surgical benefits to include major benefits to which I am entitled, Medicare, private insurance and other health plans to Endocrinology Specialists of Georgia, LLC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure the payment, via fax or hard copy.

Signature:_____Date:_____