SCOTTSBORO OB-GYN SPECIALISTS, LLC

JERRY D. PIERCE, M.D.
IVONNE VARGAS, M.D.
PAUL J. MEGEHEE, M.D.
PHONE: (256) 259-5211

OBSTETRICS-GYNECOLOGY
408 TAYLOR STREET
SCOTTSBORO, AL 35768
FAX: (256) 259-6641

PATIENT REGISTRATION

PATIENT
NAME_____(MAIDEN)_____

AGE_____ DATE OF BIRTH _____-_____-_____ MARITAL STATUS_____

ADDRESS:_____

_____

SOCIAL SECURITY #_____

PHONE #: HOME ( )_____ CELL ( )_____

OCCUPATION_____ EMPLOYER_____

WORK PHONE # ( )_____EXT_____

PARENT OR SPOUSE_____ PHONE # ( )_____

PARENT/SPOUSE SOCIAL SECURITY # _____ D.O.B._____

EMPLOYER_____

OCCUPATION_____ WORK # ( )_____

Insurance :_____ Contract # _____ Group# _____

EMERGENCY CONTACT (OTHER THAN LISTED PARENT/SPOUSE)

1._____PHONE # ( )_____

2._____PHONE # ( )_____

ASSIGNMENT OF BENEFITS/AUTHORIZATION FOR TREATMENT

I hereby authorize treatment and authorize Scottsboro OB-GYN Specialists, LLC to release any information for these services to my Insurance company for payment. I further authorize that payment of benefits be made to the provider on my behalf. I understand that I am financially responsible for all charges not covered by my insurance.

PATIENT_____ DATE_____