



REAGAN MEDICAL CENTER, LLC

2878 Five Forks Trickum Rd., Lawrenceville, GA 30044 Tel: 678-344-8700
Hamilton Medical @ 3685 Braselton Hwy, Dacula, GA 30019 Tel: 678-546-9800
10160 Medlock Bridge Road, Johns Creek, GA 30097 Tel: 678-387-1600
All locations Fax: 678-344-8600 Reaganmedical.com

NEW PATIENT INFORMATION

PT ID# _____ Today's Date _____

DATE OF BIRTH: ____/____/____ AGE: ____ SEX: M / F MARITAL STATUS: S / M / W / D

PATIENT'S NAME: LAST _____ FIRST _____ MI _____ Patient's SS# _____

STREET ADDRESS _____ CITY&STATE _____ ZIP CODE _____

() _____ - _____ () _____ - _____ () _____ - _____
HOME NUMBER CELL NUMBER WORK NUMBER

E-MAIL ADDRESS _____

PLEASE READ: ALL CHARGES ARE DUE AT THE TIME OF SERVICE. IF HOSPITALIZATION IS REQUIRED, THE PATIENT IS RESPONSIBLE FOR FURNISHING INSURANCE CARDS TO THE OFFICE PRIOR TO HOSPITALIZATION.

Insurance information:

Name of Insurance _____ PPO / POS / HMO

Member ID _____ Group Number _____

Policy Holder name _____

Policy Holder SS # _____

IF PATIENT IS UNDER THE AGE OF 18: PLEASE FILL OUT RESPONSIBILITY PARTY INFORMATION.

PARENT/GUARDIAN NAME _____ EMPLOYER NAME _____

STREET ADDRESS _____ CITY&STATE _____ ZIP CODE _____

() _____ - _____ () _____ - _____
HOME NUMBER WORK NUMBER

INSURANCE AUTHORIZATION AND ASSIGNMENT:

I REQUEST THAT PAYMENT OF AUTHORIZATION OR OTHER INSURANCE COMPANY BENEFITS BE MADE TO REAGAN MEDICAL CENTER (RMC) FOR ANY SERVICES FURNISHED TO ME. I UNDERSTAND MY SIGNATURE REQUEST THAT PAYMENT BE MADE AND AUTHORIZES OF MEDICAL INFORMATION NECESSARY TO PAY THE CLAIM. IN MEDICARE/OTHER INSURANCE COMPANY ASSIGNED CASES, RMC AGREES TO ACCEPT THE CHARGES DETERMINATION OF THE MEDICARE/OTHER INSURANCE COMPANY AS THE FULL CHARGE, AND THE PATIENT IS RESPONSIBLE ONLY FOR THE DEDUCTIBLE COINSURANCE, AND NONCOVERED CASES.

SIGNATURE _____ DATE ____/____/____

HOW DID YOU HEAR ABOUT US: _____