Far Hills OB-GYN, Inc.

REGISTRATION FORM

PATIENT INFORMATION			
Last Name:	First Name:	Middle Name:	Maiden Name:
Address:	City/ State:	Zip:	
DOB:	Age	S.S. #	Home Phone:
Employer Name :	Employment Status: ☐Full time ☐Retired ☐Part time ☐Not Employed	Work Phone:	Cell Phone:
Referring Physician:	Marital Status: ☐M ☐S ☐D ☐W	Pharmacy/Location:	
Email:	Language:	Race:	Pharmacy Phone:

How did you hear about us? ☐Insurance ☐Drive- By ☐Newspaper ☐Special Events ☐Hospital
Other ☐Yellow Pages ☐Internet ☐Family/Friend ☐Magazine ☐Physician Ref.

☐SAME AS PATIENT **RESPONSIBLE PARTY INFORMATION (If different from patient)**
Person who accompanies child to visit

Last name:	First Name:	Birthdate:
Address:	S.S.#	Relationship to patient:
Home Phone:	Cell Phone:	Work Phone:

EMERGENCY CONTACT (spouse or nearest relative)	
Emergency Contact Name:	Phone Number:
Is it OK to leave message with ER contact? ☐YES ☐NO	Relation to Patient:

PRIMARY INSURANCE INFORMATION		
Insurance Company:	Group# / Plan ID:	Member Number:
Subscriber Employer Name:	Patient Relationship to Insured: ☐Self ☐Child ☐Spouse ☐Other	Sex: ☐M ☐F
Subscriber Name:	Subscriber DOB:	Copay:

SECONDARY INSURANCE INFORMATION		
Insurance Company	Group# / Plan ID	Member Number:
Subscriber Employer Name	Patient Relationship to Insured: ☐Self ☐Child ☐Spouse ☐Other	Sex: ☐M ☐F
Subscriber Name	Subscriber DOB:	Copay:

The undersigned patient or guardian certifies that the above facts are correct and agrees as follows:

1. Authority is granted to Far Hills OB/GYN, Inc. to render needed treatment and/or tests for the above named patient.
2. I authorize Far Hills OB/GYN, Inc. to release any information required for payment of claims.
3. I authorize my insurance or Medicare benefits to be paid directly to Far Hills OB/GYN, Inc., realizing I am responsible to pay noncovered and unauthorized service.
4. If you are unable to keep your appointment, 24 hour cancellation notice is required. If you miss your appointment without notifying our office, you will be charged $25.00 after the third occurrence and each time thereafter. This charge is not billable to your insurance. **If you are more than ten minutes late for an appointment, you will need to reschedule. It is unfair to our other patients to make them wait when they have arrived on time.**

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The above information is correct / Patient or Guardian Signature Date