

OLGA L. URIBE, MD
R. E. BLEDSOE, JR., MD
J. C. LAUTERBACH, MD

ATHENS WOMENS CLINIC, P.C.
817 COOK DRIVE
ATHENS, TN 37303

J. F. SLOWEY, MD
P. HARRIS, CNM
ACCOUNT # _____

PATIENT INFORMATION

DATE

NAME	first	middle	last	SOCIAL SECURITY #
ADDRESS				RACE
CITY, STATE, ZIP				HOME PHONE #
REFERRING MD				CELL PHONE #
PRIMARY CARE MD				DATE OF BIRTH
MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other			AGE
				E-MAIL

PATIENT EMPLOYMENT

EMPLOYER NAME	PHONE
ADDRESS	ARE YOU A STUDENT (Yes) (No)
OCCUPATION	SCHOOL NAME/ADDRESS

SPOUSE'S INFORMATION

NAME	SOCIAL SECURITY
EMPLOYER NAME	DATE OF BIRTH

EMERGENCY CONTACT(S)

NAME	Relationship	PHONE#
NAME	Relationship	PHONE#

How did you hear about us ___Family___Friend___Church___Word of Mouth
___Yellow Pages___MD Referral___Other

Please remember that insurance is considered a method of reimbursement of service for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance amount, or any other balances not paid for by your insurance. In order to control your cost of billings, we request that your charges for office visit be paid by cash, check or credit card at the time of service.

Authorization & Assignment:

I authorize Athens Women's Clinic to release any information acquired by my physician/or staff to my insurance carrier(s). I authorize payments directly to my physician. I recognize and accept responsibility for any balance or fees not covered by insurance and agree to pay the balance in a prompt manner. In the event this account is referred to an outside agency, credit reporting bureau, or attorney for collection, I agree to pay all attorney fees, collection cost, court cost, and/or any other expenses incurred in the collection process according to the 1989 statutes of the State of Tennessee.

SIGNATURE

DATE