1400 Northside Forsyth Dr.
Suite 240
Cumming, GA 30041
770.292.3045 office
770.292.3046 fax
naenta2012@gmail.com
www.naenta.com

Patient Registration

Personal information

Today's date ____________ Referred by ____________

Last name ____________ First name ____________ Middle name ____________

Street (mailing) address ____________

City ____________ State ____________ Zip ____________

Date of birth ____________ Age ____________ Social Security number ____________

Marital status ☐ single ☐ married ☐ divorced Sex ☐ male ☐ female

Race ☐ White ☐ African American ☐ Asian ☐ Hawaiian/Pacific Islander

☐ American Indian/Alaska Native ☐ other (specify) ____________

Ethnicity ☐ Hispanic/Latino ☐ *not* Hispanic/Latino ☐ unknown

Preferred language ☐ English ☐ Spanish ☐ other (specify) ____________

Emergency contact name ____________ Phone ____________

Pharmacy name ____________ Phone ____________

Employer name ____________ Phone ____________

Contact information

Number	Contact	Message	Number	Contact	Message
Home	☐	☐	Mobile	☐	☐
Work	☐	☐	Other	☐	☐

E-mail address ____________

Insurance information

Primary insurance ____________ Phone ____________

Subscriber name ____________

Subscriber number ____________ Group number ____________

Billing address ____________

City ____________ State ____________ Zip ____________

Secondary insurance (if applicable) ____________ Phone ____________

Subscriber name ____________

Subscriber number ____________ Group number ____________

Billing address ____________

City ____________ State ____________ Zip ____________

Financial authorization

I authorize my insurance benefits to be paid directly to the physician, and I am financially responsible for all charges. I hereby consent to the release and re-disclosure of my medical record to enable or facilitate the collection, verification or settlement of my account for any amounts due from me or any third party payor, health maintenance organization, insurer or other health benefit plan.

Signature of patient or guardian ____________ Date of signature ____________

Print name ____________

PTRG-02-12