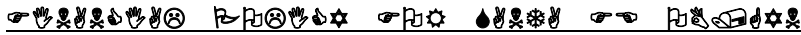


SANTA FE OB/GYN Patient Registration

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent. Please fill in the blanks below the line.

Patient Name	Today's Date	Date of Birth	Sex	Age
Parent if Patient is a Minor				
Patient's Social Security Number		New Mexico Driver's License No.		
Home Address	City	State	Zip	
Mailing Address if Different	City	State	Zip	
Home Telephone Number	Work Telephone Number		Cellular Telephone Number	
Occupation		Employer's Name		
Employer's Address	City	State	Zip	
Spouse Name		Employer		
Other Physician's Name				
Whom May We Thank for Referring You to Our Practice?				
NOTIFY IN CASE OF EMERGENCY				
Name		Relationship		
Address	City	State	Zip	
Home Telephone	Work Telephone		Cell Telephone	
Nearest Relative (not living with your)				
Home Telephone	Work Telephone		Cell Telephone	
FINANCIAL INFORMATION: PERSON RESPONSIBLE FOR FEES				
Name		Telephone		
Address	City	State	Zip	
Insurance Company		Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#.		
Insurance ID No.:				
Secondary Insurance		Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#		

Please Read Our Financial Policy Statement and Agreement on Reverse



We would like to welcome you to our office. We are happy you have chosen us for your medical needs. Our goal is to provide you with the best possible care available and would like your visit to be a pleasant one. In order to meet this goal, we need your assistance and understanding of our patient policies. Our Financial Policy is a necessary part of assuring the financial resources needed to maintain this vital health care facility for our patients.

Insurance Companies

We are here to help answer any questions you may have regarding you insurance coverage and payments; however, your insurance is a contract between you, your employer, and the insurance company. Unless we are a provider with your plan, we are not a party to that contract. Unless we are participants with your plan, you may be responsible for a portion of or all charges.

If we are contracted with your insurance company, we will file your claims directly to your company. If we are not, we will supply you with the form you will need to send to your insurance company for reimbursement. You will be required to pay your bill in full at the time you are seen. Please notify us if we are not contracted with your plan and we will look into becoming a provider for your plan. It is your responsibility to verify that we are covered providers with your insurance company.

Office Visits

Full payment for services is due at the time of your visit. We accept cash, checks, and Visa/Mastercard credit cards. Co-payment and deductible amounts will be collected at the time of your visit. If you are not prepared to pay your co-pay, your visit will be rescheduled. In order to charge on a previously approved account, the account must be currently paid in full or you will be asked to pay at the time service is rendered. Any patient that has had a bill sent for collection must pay any balance owed to the practice before they will be seen in our office.

Surgical Procedures

We will file insurance claims as a courtesy for patients requiring surgery. Surgery deposits are required, and payment is to be made at your pre-op visit. The deposit consists of your deductible (if not met) and your co-payment percentage of the total cost. You should contact the business office prior to your pre-op visit to discuss the amount expected. We will do everything we can to ensure your claim is paid; however, you are the responsible party, and you will be expected to pay any remaining balance.

Obstetrical Care

Payment for OB care is discussed individually. You will meet our OB insurance representative on your first or second visit to review expected charges and payments.

Referral or Authorization

Many Health Maintenance Organizations (HMO's) require that you obtain a referral from your primary care physician (PCP) before you are seen for specialty care. If your PCP has sent you to us to evaluate a problem, we ask that prior to your visit you call our office to confirm that your PCP has provided us with a referral. You will be responsible for any visit not authorized.

Collections

Any patient that has been placed in collections must pay any balance owed to the practice in cash before the practice will see them again.