

Women First  OB/GYN P.C.

Namrata Choudhary, M.D., F.A.C.O.G.  
Laurie Niergarth, C.N.M.

Obstetrician & Gynecologist

Patient Registration

(Please fill out completely)

Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work ph. \_\_\_\_\_

Cell phone number \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_ Referred By \_\_\_\_\_

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Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

Subscriber's SSN \_\_\_\_\_ Subscriber's Date of Birth \_\_\_\_\_

Relationship with the patient \_\_\_\_\_ Employer \_\_\_\_\_

Ins. Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Secondary Ins. Info \_\_\_\_\_

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PAYMENT POLICY

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage. It is also customary to pay services when rendered unless other arrangements have been made in advance with our office. In the event your account is turned over to an attorney for collections, you will be responsible for any fee/costs incurred during the collection process. Please be aware there will be a \$50.00 cancellation fee for any appointment not canceled before 24 hours.

Signature of Subscriber or Patient \_\_\_\_\_ Date \_\_\_\_\_