Newport Urogynecology
restoring total health for women

Patient Registration

Date:_____

Full Name:_____ Date of Birth:_____ Age:_____

Home phone:_____ Cell phone:_____ E-mail:_____

Street Address:_____

City:_____ State:_____ Zip code:_____

Mailing Address (if different): _____

Social Security Number:_____ Drivers license Number:_____

Employer:_____ Occupation:_____

Employer Address:_____

City:_____ State:_____ Zip code:_____

Business Phone:_____

Spouse's Name: _____

Social Security Number:_____ Drivers license Number:_____

Employer:_____ Occupation:_____

Employer Address:_____

City:_____ State:_____ Zip code:_____

Business Phone:_____

Primary Insurance:
Insurance name and address:_____

Subscriber's ID #:_____ Group #:_____ Date Effective:_____

Payment is due at the time that services are rendered. Patients who carry any form of medical or surgical insurance should know that all services furnished are charged directly to the patient and that he or she is personally responsible for payment.

We will prepare any necessary reports and itemizations to assist in making collections form insurance companies, and will credit any such collections to the patient's account. However, we cannot render services on the assumption that our charges will be paid by an insurance company.

I authorize Lance Betson D.O., J.R. Betson Jr. M.D. and or staff to furnish information to insurance carriers concerning this illness and I hereby irrevocably assign to the doctor all payments for medical services rendered and all major medical benefits.

I have read the above and understand it fully.

Patient Signature:_____

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