



Genis Women's Care, PC Phone 757-923-4500
1005 Commercial Lane Suite 230 Fax 757-644-1474
Suffolk VA 23434

PATIENT REGISTRATION

Name (Last, First, MI) _____

DOB _____ SSN _____

Address _____ City _____

State _____ Zip _____ Cell Phone _____

Home Phone _____ Email _____

Preferred Pharmacy _____

(Tricare Only) Guarantor DOB: _____ SSN: _____

Insurance Participation: Our physicians participate with most HMO's, PPO's and other health insurance plans. Each insurance plan has unique rules and regulations that must be followed by the patients and physicians. Please familiarize yourself with the particular benefits and rules of your healthcare plan.

Referrals: Certain health insurance plans require that you obtain a referral from your primary care physician before visiting a specialist's office. It is the patient's responsibility to acquire this referral. Alternative payment arrangements or rescheduling of your appointment may be necessary if proper authorization is not obtained. This especially applies to Tricare Prime patients.

Payment: Payment in full is expected at time of service for patients with no insurance coverage. For patients with coverage, co-payments and deductibles are expected at time of service as specified by your insurance company. Co-payments are due every time you are seen in our office. This is part of the contract you have agreed to with your insurance company. If you are unable to pay we reserve the right to require that you reschedule. We accept cash, checks, money orders, Visa, Discover and Mastercards.**Please note that we charge a \$50.00 fee for all returned checks.

Tardiness: We allow a 15 minute window in which we will not accept tardiness after that period of time. We will require that you reschedule as there are other patients to be seen.**Please note that for new patients we ask that you arrive 15 minutes prior to your appointment time. We reserve the right to require that you reschedule if that request is not met.

Pending Medicaid: We do not accept "Medicaid Applied" as a proper form of insurance. Your Medicaid coverage must be in full effect before you will be seen. You also have the option to be seen as a cash paying patient while you are waiting on your Medicaid coverage.

*I acknowledge that I have read, understand and agree to Genis Women's Care's financial and office policies. I also understand that Genis Women's Care, P.C reserves the right to alter these policies at any time.

*I hereby authorize treatment for the above mentioned patient and certify that the information is correct. I permit a copy of this authorization to be used in place of the original. I authorize the release of medical records information to any company insuring said patient and assigned benefits from any insurances coverage to: Genis Women's Care, PC. The undersigned patient agrees to be responsible for all charges for professional service rendered by Genis Women's Care, PC. If payment for these services are not made when agreed upon, I agree to pay, in addition to the physician fee, all costs of collecting the amount due with interest from the due date. Costs will include attorney fees of 33 1/3% of the amount due and all costs expended in collecting this medical bill.

Printed Name _____ Date _____

Signature _____