

GULF REGIONAL OCCUPATIONAL MEDICINE CENTER

Baton Rouge Location:
8742 Goodwood Blvd.
Baton Rouge, LA 70806
Phone #: 225-231-7070
Fax #: 225-231-7069

Abbeville Location:
121 East St. Victor St.
Abbeville, LA 70510
Phone #: 337-893-0810
Fax #: 337-893-0890

PATIENT REGISTRATION FORM

PLEASE LET US KNOW OF ANY CHANGES IN YOUR INSURANCE STATUS, ADDRESSES, AND PHONE NUMBERS EVERY TIME YOU VISIT US.

Patient Name: _____ Date: _____
Last First

Address: _____
City State Zip

SSN #: _____ - _____ - _____ Driver's License #: _____

Age: _____ DOB: _____ Sex (M, F) Home Phone: _____ Cell: _____

Place of Employment: _____ Work Phone: _____

How did you find out about us? _____

Emergency Contact/Spouse/ Responsible Party: Name: _____

Address: _____
City State Zip

Relationship to you: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

If Patient is a minor, we need both parent's & employer's phone numbers: _____

Payment is expected at the time of service

You are expected to show a picture ID when requested:

METHOD OF PAYMENT _____ CASH _____ CREDIT CARD

we no longer accept checks as a form of payment, sorry for any inconvenience!

If you are a member of the following programs, please check, and inform the receptionist, and have your ID card present and please wait until your insurance is verified.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> American Life Care | <input type="checkbox"/> Blue Cross/ PPO | <input type="checkbox"/> First Health |
| <input type="checkbox"/> CIGNA/ PPO | <input type="checkbox"/> Group Benefits/ PPO | <input type="checkbox"/> MEDICARE |
| <input type="checkbox"/> United Health Care | <input type="checkbox"/> Aetna | <input type="checkbox"/> Other _____ |

Gulf Regional physicians are not primary care providers for any patient since Gulf Regional is a walk-in clinic open six days a week, 7:30 – 6:00 on weekdays, and 9:00 – 2:00 on Saturdays.

I the undersigned hereby irrevocably assign and transfer benefits to this provider but not limited to penalties and attorney or collection fees per LRS 22: 657 and I authorize the release of any medical or other information necessary to process this claim. I also accept responsibility for the balance of my account, if my insurance fails to pay for the services. I also authorize this provider to charge my credit care in case of non-payment of NSF checks.

I do not authorize Gulf Regional to release my protected health information to any entity/person without my written consent with the exception of third part payers or other medical providers involved in my present care or my place of employment as only in case of drug screens, physicals or injuries acquired at work-site. However, in case I am referred to another doctor or facility by Gulf Regional doctors I will make it sure that Gulf Regional doctors receive the results from these referrals.

PATIENT'S or AUTHORIZED PERSON'S SIGNATURE