

CAEDEL MEDICAL GROUP, PC

1324 HIGHWAY 138, S.W.

Riverdale, GA 30296

Telephone (770) 907-4949

Fax (770) 907-4022

PATIENT INFORMATION

Last Name _____ First _____ Middle _____
Date of Birth _____ Soc Sec # _____
Address _____ Home _____
Phone _____
City _____ State _____ Zip Code _____

EMPLOYER INFORMATION

Patient's Occupation _____ Work Number _____

Employers Address _____

Spouse Name _____ DOB _____ SS# _____

RESPONSIBLE PARTY INFORMATION

Responsible Party to Patient _____ Soc. Sec. # _____

Address _____ Phone # _____

Relationship to Patient _____ Date of Birth _____

Employer _____ Work # _____

EMERGENCY INFORMATION

IN CASE OF EMERGENCY (Person NOT LIVING with patient)

Name _____ Relationship with patient _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

EMAIL ADDRESS

WHAT IS YOUR E-MAIL ADDRESS _____

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies may pay fixed allowances for certain procedures; they sometimes refer to as "Reasonable and customary fees." We do not accept this as a payment in full (unless otherwise restricted by law or agreement we may have with your insurer). Also, some of the insurance companies only pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance. **IN ORDER TO CONTROL YOUR COST OF BILLINGS, WE DO REQUEST**

THAT OUR CHARGE FOR OFFICE VISITS BE PAID AT THE INITIATION OF EACH VISIT. In the event the account is turned over for collection, the collection fees and/or legal fees, including attorney fees, shall be your responsibility. I hereby consent to medical treatment by Caedel Medical Group PC

Signature

Date