

# MAGNOLIA OBSTETRICS AND GYNECOLOGY, PLLC

LEANN E. HADDOCK, MD    KAMILIA SMITH, MD    ERIN NEWMAN, MD    LAURENA WELLS, MD

DATE \_\_\_\_\_ ACCT# \_\_\_\_\_ (OFFICE USE ONLY)

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HM# \_\_\_\_\_ WK# \_\_\_\_\_ EXT \_\_\_\_\_

CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYER/BUSINESS NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

SPOUSE LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

FOR MEDICAL NECESSITY ONLY, WHAT IS YOUR RACE? \_\_\_\_\_

---

## RESPONSIBLE PARTY, SPOUSE OR INSURED INFORMATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMPLOYER/BUSINESS NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK # \_\_\_\_\_ EXT \_\_\_\_\_ CELL# \_\_\_\_\_

---

EMERGENCY CONTACT \_\_\_\_\_ WORK \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

---

PHARMACY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

INSURANCE \_\_\_\_\_ TEL # \_\_\_\_\_

CLAIMS ADDRESS \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ GROUP # \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SS# / ID# \_\_\_\_\_ REL TO PT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I UNDERSTAND AND AGREE THAT PAYMENT FOR SERVICES RENDERED IS DUE AT THE TIME OF SERVICE, ANY OTHER ARRANGEMENTS MUST BE MADE PRIOR TO SERVICE. I AUTHORIZE PAYMENT OF ANY MEDICAL BENEFITS TO THE CONTRACTED PROVIDERS WITH MAGNOLIA OBSTETRICS AND GYNECOLOGY ASSOCIATES, LLP FOR CHARGES WHICH MAY BE BILLED ON MY BEHALF. I AUTHORIZE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS MY ACCOUNT. I UNDERSTAND THAT ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE AND THAT I MAY BE BILLED FOR ANY BALANCE REMAINING AFTER MY INSURANCE PROCESSES ANY AND ALL CLAIMS.