2320 Atlanta Highway Ste 105 Cumming GA 30040 (770) 203 -1000

Name ______________________ Name I like to be called ______________

Address ______________________ City ____________ State ____ Zip ________

E-mail ____

Birthdate ____________ Marital Status ______________ SS# ______________

Cell (   ) ______________ Work (   ) ______________ Ext. ____ Home (   ) ______________

Occupation ______________________ Employer ______________________

PERSON RESPONSIBLE FOR ACCOUNT

❑ Check if same as above: proceed to next section.

Name ______________________ SS# or ID# ______________________

Address ______________________ City ____________ State ____ Zip ________

Relationship to Patient ______________________ Birthdate ______________________

Phone ______________________ Employer ______________________

MEDICAL INSURANCE

Primary Insurance ______________ Secondary Insurance ______________

GETTING TO KNOW YOU

How did you find us? ☐ Peach Clinic Website ☐ Web search ☐ Referred by ______________

Person to contact in case of emergency (not living with you)

Name ______________________ Phone ______________________

Address ______________________ City ____________ State ________ Zip ________

Please list the members of your family that are patients in our office: ______________________

ACKNOWLEDGMENT AND CONSENT TO PRIVACY POLICY

I have read Peach Clinic's Notice of Privacy Practices, version effective April 23, 2014. I consent to the uses and disclosure of my health information as outlined in the notice.

Use this section If you want to give someone *ongoing* access to your medical information:

I give Peach Clinic permission to discuss my medical care with the following persons on ongoing basis.

Name: ______________________ Relationship: ______________

Signature ______________________ Date ______________

Peach Clinic

- **Evaluation and Treatment:** I authorize Peach Clinic and the physicians for evaluation and treatment for current and future medical problems.

- **Co-pay, Deductible and Past Balance:** I understand that in order to control the costs co-pay, deductible and past balance are due at time of each visit.

- **Collection of benefit directly from Insurance Company:** I authorize payment of benefits from my medical insurance directly to Peach Clinic. I understand that I will be responsible for any amount not paid by my insurance company.

- **In case Insurance company does not pay**: If my insurance payment is not received within 60 days from the date of service, I agree to pay the entire amount of the balance due, unless my insurance company has contractual agreement with Peach Clinic or its physicians to the contrary.

- **In case of non-payment:** I agree to pay interest at a rate of 1.5% per month if my bill is not paid within 90 days of service. I also agree to pay all cost of collection, including by not limited to, court costs, collection fees and attorney fees.

- **Release of information for claim processing**: I authorize Peach Clinic to release all the information necessary to process my insurance claim to my insurance company or the appropriate government agency.

- **Obtaining prescription medication history:** I authorize Peach Clinic to view or obtain my prescription medication history from external sources like other healthcare providers, pharmacies and government agencies for purpose of providing medical treatment.

Signature ____ Date __________________

Help us help you better

- Our main focus is to provide you best medical care.
- We understand that medical insurance and billing have become very complicated.
- We will try to help you understand as much about the benefits and covered services as possible but it is simply impossible for us to keep track of all the requirement of thousands of available insurance plans.
- We expect you to be aware of requirements or restrictions of your particular insurance plan.
- We expect you to be an equal partner in delivering a cost-effective care.
- Please note that you will be receiving *Explanation of Benefits* (in short, EOB) from your insurance company. Although EOBs have long way to go before they become ‘consumer friendly’, it does give you a fairly good idea of how your insurance company paid for the medical services. Please take time to read EOB carefully.
- If you had laboratory or radiological services, you may get a separate bill.