



DAN B. STEPHENS, M.D., FACOG
 KENNESTONE GATES
 140 VANN STREET, SUITE 300
 MARIETTA, GA 30060

PATIENT INFORMATION (Please Print)

Patient's Name _____ Marital Status S M W D Sep. (Circle One)

Street _____ Date of Birth _____ Age _____

City _____ State _____ Zip _____ Social Security # _____

Home Phone _____ Business Phone _____ Occupation _____

Patient's Employer _____ How Long Employed _____

Employer's Address _____

Referred By _____ Address _____

Emergency Contact _____

HUSBAND OR GUARDIAN INFORMATION

Husband's Name (or parent's, if patient is a minor) _____

Social Security # _____ Business Phone _____

Employers Name and Address _____

PLEASE READ: All charges are due at the time of service. If surgery is indicated, the patient is responsible for furnishing insurance claims to the office prior to surgery. If payment from your insurance company has not arrived within 30 days of filing. We will look to you for payment.

INSURANCE INFORMATION

Primary Insurance Company _____

Name of Insured _____ ID # _____ Group # _____

Secondary Insurance Company _____

Name of Insured _____ ID # _____ Group # _____

Assignment of Benefit/Consent for Treatment: I do hereby assign all medical and/or surgical benefits to which I am entitled, including all government and private insurance plans to this office. This assignment will remain in effect until revoked by me in writing. I understand that I am responsible for all my charges not paid by my insurance. I hereby voluntarily consent to my treatment at this office and authorize such treatments, examinations, medications, anesthesia, surgical operations and diagnostic procedures (including, but not limited to the use of lab and radiographic studies) as ordered by my attending physicians. I have read this consent, am aware of its contents and fully understand the same. I acknowledge that no assurance or promises have been given to the patient concerning the results, which may be obtained by such treatments and procedures hereby, affirmed by the signature of the undersigned.

Date _____ Signature _____

Date _____ Guardian _____