

Winder Internal Medicine and Geriatrics Center P.C.

20 Satellite Dr. Ste 100, Winder, GA 30680

Phone (770) 586-0300, Fax (770) 586-0312

Patient Registration Form for Third Party Liability

Date: _____ [] new [] update

Patient Information

First Name MI Last Name

Mailing Address Birth Date Home Phone

City State Zip Cell Phone

Emergency Contact Phone Number

Insurance Information

Insurance #1

Plan: _____ Subscriber ID: _____

Subscriber: _____ Relationship: self spouse child other

Subscriber DOB: _____ Effective Date: _____

Insurance #2

Plan: _____ Subscriber ID: _____

Subscriber: _____ Relationship: self spouse child other

Subscriber DOB: _____ Effective Date: _____

Referral Information

Referring Doctor: _____ Phone: _____

Address: _____

Third Party Liability

MVA: State where accident took place: _____

Date of Injury: _____

PIP Carrier Name: _____

Mailing Address: _____

City State Zip _____

Claim Number: _____

Other Liability: Work Comp [] Other []

Date of Injury: _____

Carrier Name: _____

Mailing Address: _____

City State Zip: _____

Claim Number: _____