



Obstetrics • Gynecology • High Risk Pregnancies • Board Certified

Dr. Kimberly Turner

Excellence in Care for Women Through Every Stage of Life.

Patient Registration Form

Update New Patient

Patient Name: (First, Middle, Last) _____

Mailing Address: _____

Date of Birth: _____

Home Phone: _____

Employer: _____

Work Address: _____

Work Phone: _____

Spouse or parent name: _____

Spouse or parent address: _____

Emergency Contact (name and relationship to patient):

Emergency Contact address: _____

Emergency Contact phone number: _____

Primary Care physician (name and phone number):

Billing and Insurance Information

Policyholder's name (First, Middle, Last): _____

Relationship to patient: _____

Policyholder's home address: _____

Policyholder's home phone number: _____

Policyholder's employer: _____

Policyholder's work phone number: _____

Insurance company name: _____



Obstetrics • Gynecology • High Risk Pregnancies • Board Certified

Dr. Kimberly Turner

Excellence in Care for Women Through Every Stage of Life.

ID or policy number: _____

Group number: _____

Insurance company address: _____

Policyholder's SSN#: _____

Insurance company phone number: _____

Do you give our office permission to discuss your medical information with family members?
Yes / No If yes, please provide their names and phone numbers below:

May we leave personal medical information on your answering machine at home?

Yes / No

May we email personal medical information to you?

Yes / No

Email address: _____

Remember, payment of medical bills is primarily the patient's responsibility. Payment and/or co-payments are due at the time of service rendered. Whether or not your insurance company pays in full, a portion or no portion of your medical bills is a matter between you and your carrier. Any unpaid balances are due within 30 days of treatment. Payment is accepted in the form of cash, check, money order, MasterCard or Visa.