## Thiem Dang MD Family Medicine

## **GRETNA MEDICAL CENTER**

**Patient Registration** 

PATIENT INFORMATION

Hai Nguyen MD Internal Medicine Pediatrics

Last Name			,	SSN			Home Phone		
First, MI							Work Phone		
Address1							Cell Phone		
Address2							Date of Birth		
City							Sex		
State				Zip			Email		
Language				Race			Ethnicity		
Referring Dr.	Dr.						Employment	Full	Part
Primary Care Dr.							Student		
Emergency co	ontact (n	ot living with yo	ou)						
Emergency P	Emergency Phone #		·			Relationship t	o patient		
Pharmacy Name						Pharmacy Ph	one #		
Spouse (Pare	nt/guard	ian if minor)							
Spouse Date		·				Spouse Phone #			
How did you hear about our practiceDoctorHospital							am/Friend _	Ins. Plan	Internet
Other									
Payment Authorization									
I hereby authorize my benefits to be paid directly to the physician and am financially responsible for non-covered services and/or balances not paid by the insurance carrier.									
companies, de payments. I fu	esignate ırther aut	d agents, or lia	ble third pating phys	parties v	whose bene	fits have	been assigne	d for purpos	requested by insurance ses of physician physicians, hospitals, and
_	-	y a \$25 fee for	-	-	-	s (\$100 f	or procedure	s) not cand	celled by 3:00 PM on
, I have read and understood The HIPAA Notice of Privacy Practice from Gretna Medical									
_		Gretna Family viders or third						-	lication history from
SIGNATURE							DATE		

PLEASE PRESENT YOUR DRIVER'S LICENSE and INSURANCE CARD at CHECK IN

1221 Amelia Street, Gretna, LA 70053. Tel (504) 364-1844