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The Hand & Upper Extremity
CENTER OF GEORGIA, P.C.
SURGERY OF THE HAND, ELBOW AND SHOULDER

Northside Hospital Doctors Centre
980 Johnson Ferry Road NE, Suite 1020
Atlanta, Georgia 30342

Northside/Alpharetta Medical Campus
3400A Old Milton Parkway, Suite 350
Alpharetta, Georgia 30005

Hand & Upper Extremity Surgery Center
993D Johnson Ferry Road NE, Suite 200
Atlanta, Georgia 30342

(404) 255-0226 • www.HandCenterGA.com

Patient and Insurance Information

Today's Date: Advance Directive: [☐] Yes [☐] No

PATIENT INFORMATION *(Please Print)*

First Name: M.I. Last Name:

Address:

City: State: Zip:

Home Phone: Work Phone:

Mobile Phone: Date of Birth: Age:

Social Security #: Sex: [☐] Male [☐] Female

Email Address:

Employment Status: [☐] Employed [☐] Unemployed [☐] Retired

Employer: Occupation:

Employer Address:

City: State: Zip:

Marital Status: [☐] Single [☐] Married [☐] Divorced [☐] Widowed

Spouse's Name: Mobile Phone:

Spouse's Employer: Work Phone:

If patient is a child, parent/guardian info:

Parent/Guardian #1: Relationship to Patient:

Email: Phone: Mobile Phone:

Parent/Guardian #2: Relationship to Patient:

Email: Phone: Mobile Phone:

Type of injury you are being treated for: [☐] Work Related [☐] Auto Accident [☐] Sports Injury

[☐] Other

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Patient Name: Date:

INSURANCE INFORMATION

(Please Print)

Primary Insurance Company:

Phone:

Policy #: Group #:

Policy Holder Name: Date of Birth:

Relationship to Patient: Social Security #:

Secondary Insurance Company:

Phone:

Policy #: Group #:

Policy Holder Name: Date of Birth:

Relationship to Patient: Social Security #:

Referring Physician:

Phone:

Emergency Contact (not in same household):

Relationship to Patient: Phone:

Address:

City: State: Zip:

I do hereby consent to any medical care which is deemed advisable or necessary by my physician and grant authority to *The Hand and Upper Extremity Center of Georgia, P.C.,* to administer and perform all examinations, treatments, diagnostic procedures and surgeries needed now or in the future. I guarantee payment for all services rendered. All medical benefits including major medical benefits, private insurance and any other health plan, are assigned to The Hand and Upper Extremity Center of Georgia, P.C. The signature below confirms all of the information provided herein is true and accurate. Photocopy of this consent is to be considered as valid as the original.

Signature of Patient or Guardian Date