DALTON SURGICAL GROUP

Steven W. Paynter, M.D., F.A.C.S.
Richard F. Fromm, M.D., F.A.C.S.
Jaime Ponce, M.D., F.A.C.S.
Eric R. Manahan, M.D., F.A.C.S.

Today's Date_____ Patient's Name_____
Last First Middle

Sex: _____ Date of Birth: _____ SS#_____

Mailing Address: _____

Physical Address (if different):_____

Home Phone: _____ Cell Phone: _____Work Phone: _____

Email Address: _____Primary Care Physician:_____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

Physician you are here to see: _____ Name of Pharmacy: _____

Race: _____Marital Status: _____

Employer: _____Occupation: _____

Primary Insurance: _____

ID#: _____ Group #: _____

Insured: _____ Relationship to Patient: _____

Insured Date of Birth: _____ Insured SS#: _____

Secondary Insurance: _____

ID#: _____ Group #: _____

Insured: _____ Relationship to Patient: _____

Insured Date of Birth: _____ Insured SS#: _____

I understand that in the event my account is placed with a collection agency and/or attorney, for non-payment, that an additional fee will be added to my unpaid account to cover collection agency and/or attorney fees. (Usually, 20-40% of any unpaid balance).

Patient Signature: _____ Date: _____