



**SOUTHWEST  
GASTROENTEROLOGY  
ASSOCIATES, P.C.**

7788 Jefferson NE, Albuquerque, NM 87109  
Phone: (505) 999-1600 Fax: (505) 999-1650 Web: southwestgi.com

**• Patient Registration Information**

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ (check one) Single  Married  Separated  Divorced  Widowed   
 Patient's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Spouse's SSN #: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**• Insurance Information**

**PRIMARY INSURANCE CARRIER:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Certificate or ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Insured's Name: \_\_\_\_\_ (check one) Relationship to Patient: Self  Spouse  Child  Other   
**SECONDARY INSURANCE CARRIER:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Certificate or ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Insured's Name: \_\_\_\_\_ (check one) Relationship to Patient: Self  Spouse  Child  Other   
**PRIMARY CARE PHYSICIAN:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
**REFERRING PHYSICIAN:** \_\_\_\_\_ Phone #: \_\_\_\_\_

You agree to permit your protected health information to be used and disclosed for purposes of treatment payment and health care operations. For more details about these uses and disclosures, please see our Privacy Notice. Signing below indicates I have reviewed the Privacy Notice.

We reserve the right to change our privacy policies described in the Privacy Notice. You may call us to receive an updated Notice. You have the right to request that we restrict how your protected health information is used or disclosed to carry out treatment, payment, or health care operations. We are not required to agree with this request, but if we do we are bound by it. You have the right to revoke your consent in writing. A revocation, however, will not apply to the extent we have taken action in reliance upon the use or disclosure of your information. A photocopy of this Authorization may be honored.

I acknowledge and assume responsibility for all charges incurred and for payment of services at the time rendered.  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_