NEW PATIENT INFORMATION

Patient's full name:	Sex: (M) (F)
Address:	
Date of birth: So	cial Security #:
Marital Status: S M D W Email	address:
Mobile phone:	Other phone:
Employer:	Occupation:
Emergency Contact Name:	Phone:
<u>Insura</u>	nnce Information
Insured's Name:	Insured's DOB:
Insured's SSN:	Relationship to Patient:
Name of Insurance:	Member ID:
Group Number: Ins	surance Telephone:
<u>If Mino</u>	or, Parent Information
Father's name:	Mobile Phone:
Mother's name:	Mobile Phone:
· · · · · · · · · · · · · · · · · · ·	this account. I request and authorization insurance gan Medical Center for any services furnished to me. I ion necessary to pay the claim.
SIGNATURE:	DATE:/
We will have this form ready at the	office for you to sign and date, when you arrive

We utilize Physician Assistants, Nurse Practitioners and Physicians in this practice to accommodate walk-ins and appointments for same day healthcare. You may request to see a particular provider, if they are available or you may make an appointment with them. Full payment is due at the time of service unless other arrangements are made in advance. We file claims as a courtesy.

TO MAKE AN APPOINTMENT

- Call: 678-344-8700, Option 1
- Email: appointment@rmc.md
- Text: 678-866-1676
- submit online "contact us" at www.rmc.md
- 2878 Five Forks Trickum Rd, Lawrenceville, GA 30044.Tel: 678-344-8700
- 3685 Braselton Hwy, Dacula, GA 30019. Tel: 678-546-9800
- 10160 Medlock Bridge Rd, Johns Creek, GA 30097. Tel: 678-387-1600
- 2696 Lawrenceville-Suwanee Rd, Suwanee, GA 30024. Tel: 770-771-5570
- 289 Grayson Highway, Lawrenceville, GA 30046. Tel: 770-771-5560
- Diagnostic Center: Lawrenceville, GA 30044. Tel: 678-221-8000