

GASTROENTEROLOGY CONSULTANTS, P.C.

M. Thomas Riddick, M.D. Melvin Bullock, M.D.

11685 Alpharetta Hwy., Ste 320

Roswell, GA 30076

(770) 442-5882 Fax (770) 754-9749

Patient Name _____ Date of Birth _____ Male/Female

Social Security Number _____ Email : _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____ Marital Status: _____ Race _____

Home () _____ Cell () _____ Work () _____

Employer _____ Address _____

Employment Status: Full-time Part-time Unemployed Retired Self-Employed Military
(Circle One)

Spouse's Name _____

Spouse's Employer _____ Phone _____

Insurance Information:

(if different than patient)

Insured Name _____

Insured Date of Birth _____

Insured SS# _____

Person to contact in case of Emergency _____ Phone _____

Who is your Primary Care Physician? _____ Phone _____

Name of Physician Referring you to our practice _____

Insurance Information: I acknowledge that M. Thomas Riddick, M.D. or Melvin Bullock, M.D. may or may not be a part of my provider network for my insurance company and that it is my responsibility to verify that my doctor is on my plan. All professional services rendered are charged to the patient. We will file your insurance as a courtesy; however, the patient is responsible for all fees regardless of insurance coverage.

I hereby authorize Gastro Consultants to furnish all information to insurance carriers concerning my illness and treatments and I hereby assign to the physician all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by my insurance.

Date _____ Signature _____