



Parker Plastic Surgery
James A. Parker, M.D.
1181 Langford Drive, Bldg 300-105
Watkinsville, GA 30677
P: 706.543.0404 | F: 706.549.0065

Patient Information

First Name: _____ MI: _____ Last: _____
Nickname: _____ Former Name: _____
DOB: _____ Age: _____ Gender: F M SSN: _____
How did you hear about Dr. Parker? Google Facebook Other: _____
 Patient Referral: _____ Friend/Family: _____ Dr. Referral: _____
Home Address: _____ Apt. _____
City: _____ State: _____ Zip: _____
Home Ph: _____ Cell Ph: _____ Cell Carrier: _____
Email address: _____
Employer: _____ Address: _____
Occupation: _____ Work Phone: _____

Responsible Party

Relationship: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Home Ph: _____ Work Ph: _____ Cell Ph: _____

Emergency Contact

Relationship: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Home Ph: _____ Work Ph: _____ Cell Ph: _____

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Insurance Information

Primary Ins. Co: _____
Ins. Address: _____
Insured's Name: _____
Insured's DOB: _____ Insured's SSN: _____
Policy: _____ Group: _____

Secondary Ins. Co: _____
Ins. Address: _____
Insured's Name: _____
Insured's DOB: _____ Insured's SSN: _____
Policy: _____ Group: _____

Assignment and Release

I have insurance coverage and assign all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Dr. Parker to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Insured/Guardian

Date