

Ben Hogan M.D.
117 W. Northside Drive
Valdosta, GA. 31602
Phone 229-333-0616 Fax 229-333-0647

ADMINISTRATIVE USE ONLY Date: _____ Active: Yes No Copay/Deduct _____ Change PCM: Yes _____ No _____ Balance: _____
--

New Patient Approval Form

Date: _____ DOB: _____

Name: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance: Primary: _____ Group# _____ ID# _____

Secondary: _____ Group# _____ ID# _____

Reason for coming: _____

Previous Physicians and Specialists:

- 1. _____
- 2. _____
- 3. _____

Have you seen Dr. Hogan previously:

Yes	<input type="checkbox"/>	When: _____
No	<input type="checkbox"/>	

Previous diagnosis: _____

Allergies: _____

Medications: _____

Family members who see or have seen

Dr. Hogan: _____

****Please attach a copy of your license and insurance card (Front and Back)**