

PATIENT REGISTRATION

PERSONAL INFORMATION

Patient Name: (Last) _____ (First) _____ (Middle) _____
Address: (Street) _____ (City/State) _____ (Zip) _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____ E-mail: _____
Birth date: _____ Age: _____ Sex: Male _____ Female _____ Social Security # _____
Marital Status: S M D W Spouses Name: _____ Spouses Alternate Phone: _____
Emergency Contact: (other than spouse) _____ Phone: _____ Relationship: _____
Referring Physician: _____ Phone: _____

How did you hear about us? Physician _____ Patient _____ Advertisement _____ Ins. Co. _____

INSURANCE INFORMATION

Primary Insurance Co. Information: (name, address and phone # of person responsible for payment)

Subscriber's Name: _____ Date of Birth: _____
Social Security Number: _____ Relationship to Patient _____
Address: _____ Phone: _____
Employer: _____
Address: _____ Phone: _____
Insurance Company Name: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____
Policy/ID Number: _____ Group #: _____ Plan Name: _____

Secondary Insurance Co. Information: (name, address and phone # of person responsible for payment)

Subscriber's Name: _____ Date of Birth: _____
Social Security Number: _____ Relationship to Patient _____
Address: _____ Phone: _____
Employer: _____
Address: _____ Phone: _____
Insurance Company Name: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____
Policy/ID Number: _____ Group #: _____ Plan Name: _____

RELEASE OF INFORMATION:

I authorize the release of all information necessary to process my insurance claims and pertinent to my medical care. This release will remain in effect until revoked by me in writing. A photocopy of this release is to be considered as valid as the original.

Signature: _____

Date: _____

ASSIGNMENT OF BENEFITS:

I assign all medical and/or surgical benefits including major medical benefits to which I am entitled, including Medicare, BCBS, HMO plans, and commercial insurance to _____. This assignment will remain in effect until revoked by me in writing. I hereby authorize the above to release information to secure payment on my behalf.

I understand that I am financially responsible for all charges. I have read this information and understand it.

Signature: _____

Date: _____