

DATE _____

PATIENT REGISTRATION

FOR INTERNAL USE ONLY
PATIENT NUMBER _____

PATIENT INFORMATION

FIRST NAME _____ MIDDLE _____ HOME ADDRESS _____
 LAST NAME _____ CITY _____ STATE _____ ZIP _____
 SEX _____ DATE OF BIRTH ____/____/____ EMAIL _____
 MARITAL STATUS MARRIED SINGLE HOME PHONE (____) _____
 DIVORCED WIDOWED WORK PHONE (____) _____
 (CHECK ONE) EMPLOYED RETIRED FULL TIME STUDENT CELL PHONE (____) _____
 OTHER _____ REFERRING PHYSICIAN _____
 EMPLOYER _____ PHARMACY PHONE (____) _____
 PREFERRED PHARMACY _____ LANGUAGE: ENGLISH: SPANISH: OTHER: _____
 ETHNICITY: _____ RACE: _____

INSURANCE INFORMATION

PLEASE PROVIDE YOUR INSURANCE CARD TO THE RECEPTIONIST

Commercial Medicaid Medicare Worker's Compensation Other _____
 INSURANCE COMPANY _____
 INSURED / CARD HOLDER'S NAME _____ RELATIONSHIP _____
 POLICY ID# _____ GROUP # _____ PHONE (____) _____

SECONDARY INSURANCE INFORMATION

Commercial Medicaid Medicare Worker's Compensation Other _____
 INSURANCE COMPANY _____
 INSURED / CARD HOLDER'S NAME _____ RELATIONSHIP _____
 POLICY ID# _____ GROUP # _____ PHONE (____) _____

EMERGENCY CONTACT

FIRST NAME _____ CELL PHONE (____) _____
 LAST NAME _____ MIDDLE _____ HOME PHONE (____) _____
 SEX _____ WORK PHONE (____) _____

SPOUSE / GUARANTOR / RESPONSIBLE PARTY

RELATIONSHIP _____ SEX _____ DATE OF BIRTH ____/____/____
 DAYTIME PHONE (____) _____
 FIRST NAME _____ MIDDLE _____ EMPLOYER _____
 LAST NAME _____ ADDRESS _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CITY _____ STATE _____ ZIP _____

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his/her services as described, realizing I am responsible to pay non-covered services.

SIGNATURE (Patient or Parent if Minor) DATE

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the Physician to release any information acquired in the course of my treatment necessary to process insurance claims.

SIGNATURE DATE