



PATIENT REGISTRATION FORM

PATIENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ City _____ State _____ Zip Code _____

Billing Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Social Sec. # _____ Sex: M F

Primary Care Physician _____ City _____ State _____

Employer _____ Employer Phone _____

Guardian (if applicable): Last Name _____ First Name _____ Initial _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Permission given to discuss medical information with emergency contact: Yes No

Permission given to leave messages on voice mail regarding appointments: Yes No

INSURANCE INFORMATION

Primary Insurance _____

Policy Holder Name _____ Policy Holder DOB _____

Policy I.D. _____ Group # _____ Member # _____

Secondary Insurance _____

Policy Holder Name _____ Policy Holder DOB _____

Policy I.D. _____ Group # _____ Member # _____

BILLING INFORMATION

ALL professional services rendered are the responsibility of the patient. Necessary forms will be completed to help expedite insurance carrier payments. However the patient is responsible for all fees, regardless of insurance coverage. If it is necessary to turn this service over to collection for non-payment after 90 days, then the patient is responsible for the bill, the interest, and collection and attorney fees.

AUTHORIZATION TO PAY BENEFITS TO PROVIDER:

I hereby authorize payment directly to the undersigned Provider for my charges.

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the undersigned Provider to release any information acquired in the course of my examination or treatment to my insurance company in writing or by fax.

Signature (Patient or Parent of Minor): _____ Date _____

NOTICE OF PRIVACY PRACTICES

PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE RECEIVED OUR NOTICE OF PRIVACY PRACTICES.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Insurance card(s) scanned

ID verified and scanned

HIPAA Signed