

REGISTRATION RECORD

PLEASE PRINT THE FOLLOWING INFORMATION. IF YOU NEED ASSISTANCE IN FILLING OUT THIS FORM, PLEASE ASK FOR HELP.

TODAY'S DATE _____

PATIENT'S NAME _____ M F S M D W
First Middle Last Sex Marital Status

PATIENT'S ADDRESS _____
Number and Street City, State Zip

PATIENT'S PHONE () _____ SOC. SECURITY # _____ DATE OF BIRTH: _____

MESSAGE PHONE () _____ E-MAIL _____

EMPLOYER OF PATIENT _____

EMPLOYER'S ADDRESS _____
Number and Street City, State Zip

EMPLOYER'S PHONE () _____ REFERRING PHYSICIAN _____

RESPONSIBLE PARTY _____
Name Address City, State Zip

RESPONSIBLE PARTY'S PHONE () _____ S.S.# _____ EMPLOYER _____

RESPONSIBLE PARTY'S EMPLOYER PHONE () _____ ADDRESS: _____

NAME OF INSURANCE COMPANY _____

ADDRESS OF INSURANCE CO. _____
Number and Street City, State Zip

NAME OF INSURED PERSON _____

INSURED PERSON'S DATE OF BIRTH _____

SOCIAL SECURITY # OF THE INSURED PERSON _____

GROUP & POLICY NUMBER _____

NAME OF 2ND INSURANCE COMPANY _____

ADDRESS OF 2ND INSURANCE CO. _____
Number and Street City, State Zip

NAME OF INSURED PERSON 2ND INSURANCE _____

INSURED PERSON'S DATE OF BIRTH 2ND INSURANCE _____

SOCIAL SECURITY # OF THE INSURED PERSON 2ND INSURANCE _____

GROUP & POLICY NUMBER 2ND INSURANCE _____

PLEASE PRESENT ANY COMPLETED INSURANCE FORMS OR CARDS AVAILABLE

PERSON TO CONTACT IN CASE OF EMERGENCY _____

TELEPHONE NUMBER () _____ RELATIONSHIP _____

ADDRESS _____

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THE CLAIM AND REQUEST THAT PAYMENT OF ALL BENEFITS BE MADE TO THE UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR NON-COVERED BENEFITS AND ALL DEDUCTIBLES NOT COVERED BY THIS AUTHORIZATION. SHOULD THE ACCOUNT BE REFERRED TO AN ATTORNEY FOR COLLECTION, THE UNDERSIGNED SHALL PAY ACTUAL ATTORNEY'S FEES AND COLLECTION EXPENSES

SIGNED (INSURED OR AUTHORIZED PERSON) _____ DATE _____

IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES, INCLUDING PHONE NUMBER CHANGES. PLEASE RETURN THIS FORM TO THE RECEPTIONIST. THANK YOU FOR YOUR COOPERATION.