



PATIENT REGISTRATION

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent.

PATIENT INFORMATION						
Patient Name		Today's Date		Date of Birth	Sex	Age
Parent (if Patient is a Minor)			Marital Status			
Patient's Social Security Number			Driver License No.			
Home Address			Mailing Address if Different			
City	State	ZIP	City	State	ZIP	
Home Telephone			Work Telephone			
Cell Phone			E-mail Address			
Occupation			Employer's Name			
Employer's Address			City	State	ZIP	
Spouse Name			Employer			
Name of Primary Care Physician			WHOM MAY WE THANK FOR REFERRING YOU TO OUR PRACTICE?			
NOTIFY IN CASE OF EMERGENCY						
Name			Relationship			
Address			Home Telephone			
City	State	ZIP	Work Telephone			
FINANCIAL INFORMATION: PERSON RESPONSIBLE FOR FEES						
Insurance Company			Subscriber's Date of Birth			
Subscriber's Name			Insurance ID No.	Group No.		
Secondary Insurance			Subscriber's Date of Birth			
Subscriber's Name			Insurance ID No.	Group No.		
ASSIGNMENT OF INSURANCE BENEFITS						
Lifetime Authorization						
<p>Medicare: I certify that the information provided by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other pertinent information about me to release to the Social Security Administration or its intermediaries or carriers any information or documentation needed for this or a related Medicare claim. I authorize the physician organization to submit a claim to Medicare on my behalf. I request the payment for services provided be made directly to the physician organization.</p> <p>I request this authorization also apply to all insurance plans.</p>						
Patient Name (Please Print) _____			Date _____			
Signature _____			Date _____			
If signed by other than beneficiary, state the reason the patient was unable to sign: _____						
