

**REGISTRATION INFORMATION**

TODAY'S DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SEX  M  F MARITAL STATUS  Single  Married  Widowed  Separated  Divorced

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MEDICAL RECORD # \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

PATIENT'S EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

**PRIMARY INSURANCE**

NAME OF INSURANCE CO. \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

SUBSCRIBER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SUBSCRIBER'S SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RELATION TO PATIENT \_\_\_\_\_

SUBSCRIBER'S EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**SECONDARY INSURANCE**

NAME OF INSURANCE CO. \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

SUBSCRIBER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SUBSCRIBER'S SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RELATION TO PATIENT \_\_\_\_\_

SUBSCRIBER'S EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**REFERRAL INFORMATION**

REFERRED BY \_\_\_\_\_

REASON FOR REFERRAL \_\_\_\_\_

SEND COPY OF NOTES TO:

DR. \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DR. \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ALL PROFESSIONAL SERVICES RENDERED ARE CHARGED TO 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. IT IS ALSO CUSTOMARY TO PAY FOR SERVICES WHEN RENDERED UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE IN ADVANCE WITH OUR OFFICE.

RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_