

**PATIENT REGISTRATION**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Mar. Status: S M W D Sep DOB: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occup./Employer: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Occup./Employer: \_\_\_\_\_  
Employer home: \_\_\_\_\_

If Under 18 Parent/Guardian \_\_\_\_\_  
Emergency Contact(Other than spouse) \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relation: \_\_\_\_\_

Patient S.S.# \_\_\_\_\_ Driver's License# \_\_\_\_\_ Referred By: \_\_\_\_\_

**INSURANCE AND BILLING INFORMATION**

Billing name(If other than patient) \_\_\_\_\_ Relationship \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**PAYMENT REQUIRED AT TIME OF SERVICE-UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.**

1. Insurance Company: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ ID:# \_\_\_\_\_ Group# \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ ID:# \_\_\_\_\_ Group# \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid I.D.# \_\_\_\_\_  
Other Coverage: \_\_\_\_\_

**ASSIGNMENT OF INSURANCE BENEFITS**

I hereby authorize direct payment of medical benefits to Dr. \_\_\_\_\_  
for services rendered by him in person or under his/her supervision. I understand that  
I am financially responsible for any balance not covered by my insurance.

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Dr. \_\_\_\_\_ to release my medical or incidental information  
that may be necessary for either medical care or processing applications for financial benefits.

**MEDICARE/MEDICAID**

I certify that the information given by me in applying for payment is correct. I authorize release  
of all records on request. I request that payment of authorized benefits be made on my behalf.

*A photocopy of these assignments shall be valid as the original.*

**PATIENT (please print)** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**PARENT/GUARDIAN (please print)** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_