



**REGISTRATION**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last Month Day Year

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_  
City State Zip

**GUARANTOR INFORMATION complete only if patient is under age 18**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last Month Day Year

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_  
City State Zip

**INSURANCE INFORMATION**

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact: \_\_\_\_\_ Name \_\_\_\_\_ Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**PHARMACY INFORMATION (if available)**

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION**

I authorize the release of any medical information necessary to process my insurance claim and authorize payment of medical benefits to physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medicare Patients: I understand that my insurance will only pay for services it determines to be reasonable and necessary under section 1862 (a) of the Medicare Law. Your physician (in some cases) may order specific tests to either detect pre-symptomatic diseases, or as part of a process to help determine what the diagnosis is, some insurers, including Medicare, will not pay for the test/exam performed. Medicare does not pay for routine or screening tests. I understand that I will be personally and fully responsible for payment of services not covered by my insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_