PATIENT REGISTRATION

Name:______________________________ Birthplace:________________ Age:________

Address:____

City:______________________________ State:________________ Zip:________

Home Phone:______________ SS#:________________ Driver's License:______________

Employer:____________________________ Occupation:______________________

Work Address:__________________________ City:________________Zip:________

Work Phone:______________Emergency Contact:______________ Phone:______________

Spouse or Guarantor:____________________ Relationship:______________________

Address (☐ Same):____

SS#:____________________________ Birth Date:______________________

Home Phone (☐ Same):____________________ Work Phone:______________________

Employer:____________________________ Occupation: ______________________

Work Address:__________________________ City:________________Zip:________

Insurance (primary):______________________________ Subscriber #:______________

Address:____

City:______________________________ State:________________ Zip:________

Phone:______________________________Adjuster:______________________

Policy ID's (Group, Certif., Policy #'s):______________________________ HMO? ☐Y ☐N

Insurance (secondary):______________________________ Subscriber #:______________

Address:____

City:______________________________ State:________________ Zip:________

Phone:______________________________Adjuster:______________________

Policy ID's (Group, Certif., Policy #'s):______________________________ HMO? ☐Y ☐N

CREDIT AND COLLECTION POLICY

Payment for all services rendered is expected at the time of service. You will be issued a receipt at the time of payment that contains all of the information needed by Insurance companies for consideration of reimbursement. As a courtesy, we will assist you in completing your claims forms, however you must submit the form. HMO patients must obtain authorization from their primary care physician for EVERY visit or assume responsibility for payment. Visa, MasterCard, American Express and Discovery credit cards may be used for payment if so desired. Overdue accounts are subject to interest charges at 30 days. At 60 days, overdue accounts are referred to TRW Credit Services. This is a national Credit Service. Both credit delinquencies and past due account management is handled by outside sources. Delinquent accounts reports WILL adversely impact the credit ratings of affected individuals.

Insurance Submission Authorization:____

(Required signature for insurance submission)

☐ Claim submission on my behalf requested.

Medical Problem:____

Referred By:____

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