

# Patient Registration - Please print all information clearly

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_ Sex: M F

Patient First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_

Patient's SS# \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed E-mail: \_\_\_\_\_

Race:  White  Black or African American  Asian  Native Hawaiian or Pacific Islander

American Indian or Alaska Native  Other \_\_\_\_\_

Ethnicity:  Hispanic, Latino, or Spanish  Not Hispanic, Latino, or Spanish

Preferred Language: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
(name address & phone number of nearest relative not living with you)

Patient's Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_  
(or legal guardian) (or legal guardian's employer)

Spouse's Address: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Please tell us the name of the person who referred you to this practice \_\_\_\_\_

Pharmacy Name and Location: \_\_\_\_\_

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

## Financial Authorization - Please see receptionist to sign

You will need to sign this authorization in order to process your insurance claim and see a physician.

- I authorize the release of my medical information necessary to process this claim.

- I authorize the release of payment for medical benefits to my physician.

- I understand that I am ultimately financially responsible for all charges incurred for services rendered to me (or my child for which I am legally responsible to authorize medical treatment) which are not covered by my insurance plan for any reason, or for which I have requested service without the appropriate insurance referral or if my insurance coverage is no longer in effect. A collection agency will be used on all delinquent accounts. Extra charges including but not limited to finance charges, collection agency fees, attorney fees, will be added to the balance.