

PATIENT REGISTRATION FORM**INTERNAL MEDICINE/**

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Section 1-PATIENT INFORMATION (Please Print)

Today's Date: _____

First Name _____ MI: _____ Last Name: _____ Social Security: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Sex: M F Date of Birth: _____ Age: _____ Marital Status: Single Married Divorced Widowed Separated

Children: _____ Referred to our office by: _____

Spouse's Name: _____ Spouse's Occupation: _____

Emergency Contact Name: _____ Phone Number: _____ Relationship: _____

Section 2-INSURANCE SUBSCRIBER INFORMATIONIs the Insurance Holder the Patient? No Yes (If yes, please skip to section 3)

Insurance Holder's First Name: _____ MI: _____ Last Name: _____ SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Date of Birth: _____ Age: _____ Relationship to patient: Spouse Child Other: _____

Employer and Employer's Address: _____

Work Phone: (____) _____ Occupation: _____

Section 3-INSURANCE COMPANY INFORMATION***Please have your insurance card(s) ready for the receptionist to copy.***

Name of Insurance Company: _____ Ins. Company's Phone Number: _____

Group or Policy Number: _____ Subscriber or ID Number _____

Secondary Insurance: _____ Ins. Company's Phone Number: _____

Group or Policy Number: _____ Subscriber or ID number: _____

- _____ I HAVE RECEIVED/REVIEWED THE HIPAA POLICY REGARDING MY RIGHTS TO PRIVACY.
(Please initial where indicated)

Release and Assignment

1. I authorize the release of any medical information necessary to process my insurance claim(s).
2. I authorize and request payment of medical benefits directly to the Provider.
3. I agree that this authorization will cover all medial services rendered until such authorization is revoked in writing by me.
4. I agree that a photocopy of this form may be used in lieu of the original.

Date: ____/____/____

Signed (Patient or Representative)

Please note that payments are to be made at the time of the visit unless prior arrangements have been made with this office.