Patient Registration

First Name:______________________________ Middle Initial:______ Last Name:______________________________

Patient Is: ☐ Policy Holder Preferred Name:________________________

☐ Responsible Party

Patient Information:

Address:____ Address2:_____________________________________

City, State, Zip:____

Home Phone:______________ Work Phone:____________________ Ext:_________ Cellular:_________________

Sex: Male/Female Marital Status:___________________________

Birth Date:_________________ SSN:_____________________

E-Mail:____ I would like to receive correspondence via email: Yes/No

I prefer to receive appointment reminders: Home/Work/Cellular/Text/Email (circle all that apply)

Responsible Party (if someone other than the patient):

First Name:______________________________ Last Name:_____________________________ Middle Initial:______

Address:____ Address 2:_____________________________________

City, State, Zip:____

Home Phone:______________ Work Phone:____________________ Ext:_________ Cellular:_________________

Birth Date:_________________ SSN:_____________________

◯ Responsible Party is also a Policy Holder for Patient ◯ Primary Insurance Policy Holder

◯ Secondary Insurance Policy Holder

Primary Insurance Information:

Name of Insured:______________________________________ Relationship to Insured:_______________________

Insured SSN or Member ID:___________________________________ Insured Birth Date:_______________________

Group #:__________________________ Employer:____

Insurance Company:___________________________________

Address:____ Phone:__________________________________

Address2:____

City, State, Zip:______________________________________

Secondary Insurance Information:

Name of Insured:______________________________________ Relationship to Insured:_______________________

Insured SSN or Member ID:___________________________________ Insured Birth Date:_______________________

Group #:__________________________ Employer:____

Insurance Company:___________________________________

Address:____ Phone:__________________________________

Address2:____

City, State, Zip:______________________________________