

## Patient Registration

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Please select the appropriate box:  Single  Married  Divorced  Separated  Widowed

Please select any boxes that apply:  I am under 18 years of age

I have a legal representative, legal guardian and/or an attorney-in-fact

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_\_

### Primary Insurance Information

Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Relationship:  Self  Spouse  Child  Other

Policy Holder's Soc. Sec. #: \_\_\_\_\_ Policy Holder's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Secondary Insurance Information

Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Relationship:  Self  Spouse  Child  Other

Policy Holder's Soc. Sec. #: \_\_\_\_\_ Policy Holder's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Parent, Legal Representative, Legal Guardian, or Attorney-in-fact (of the patient) Are you a patient here? Yes No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Home #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_\_

Please select any boxes that apply:  I am the primary insurance policy holder for the patient

I am the secondary insurance policy holder for the patient