

PATIENT DEMOGRAPHICS

WHEN REGISTERING, PLEASE PRESENT PROOF OF INSURANCE. ALL COPAYMENTS AND OUT OF POCKET PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE

PATIENT INFORMATION							
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX (assigned at birth)	MARITAL STATUS	SPOUSE'S NAME
			- -	/ /	M F	S M W D	
ADDRESS			CITY	STATE	ZIP	HOME PHONE () -	
EMAIL			PREFERRED PHARMACY			CELL PHONE () -	
PREFERRED METHOD OF COMMUNICATION: (circle one)						HOME PHONE	CELL PHONE
						MAIL	EMAIL
						WORK PHONE () -	
RACE: (circle one) WHITE (CAUCASION) BLACK (AFRICAN AMERICAN) AMERICAN INDIAN ASIAN OTHER I DECLINE TO LIST RACE							
PRIMARY LANGUAGE: ___ ENGLISH ___ OTHER				OCCUPATION (PATIENT):			

INSURANCE #1 (PRIMARY INSURANCE - THIS WILL BE FILED FIRST)							
INSURANCE COMPANY			CONTRACT NUMBER			GROUP NUMBER	
ADDRESS			CITY	STATE	ZIP	PHONE	
<u>SUBSCRIBER'S</u> LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	MARITAL STATUS	RELATIONSHIP TO PATIENT
			- -	/ /	M F	S M W D	
ADDRESS			CITY	STATE	ZIP		
EMPLOYER			ADDRESS				

INSURANCE #2 (SECONDARY INSURANCE - THIS WILL BE FILED AFTER PRIMARY INSURANCE PAYS)							
INSURANCE COMPANY			CONTRACT NUMBER			GROUP NUMBER	
ADDRESS			CITY	STATE	ZIP	PHONE	
<u>SUBSCRIBER'S</u> LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	MARITAL STATUS	RELATIONSHIP TO PATIENT
			- -	/ /	M F	S M W D	
ADDRESS			CITY	STATE	ZIP		
EMPLOYER			ADDRESS				

EMERGENCY CONTACT INFORMATION				
LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE	RELATIONSHIP TO PATIENT
ADDRESS		CITY	STATE	ZIP

FINANCIALLY RESPONSIBLE PARTY							
<small>THIS IS THE PERSON WHO ACCEPTS RESPONSIBILITY FOR PAYMENT OF THE ACCOUNT. THIS MAY OR MAY NOT BE THE SAME PERSON THAT HOLDS THE INSURANCE CONTRACT. ALL BILLING WILL GO TO THE FINANCIALLY RESPONSIBLE PERSON, AND THE FORM MUST BE SIGNED BY THE PERSON WHO IS FINANCIALLY RESPONSIBLE.</small>							
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	MARITAL STATUS	RELATIONSHIP TO PATIENT
			- -	/ /	M F	S M W D	
ADDRESS			CITY	STATE	ZIP		
EMPLOYER	EMPLOYER PHONE NUMBER		ADDRESS				

Insurance is a contract between you and your insurance company. We are not a party to your contract. We will not become involved in disputes between you and your insurance company regarding deductibles, co-insurances, non-covered charges, pre-existing conditions, coordination of benefits, secondary insurance, or "reasonable and customary" charges, however, we will assist by filing your primary insurance and secondary insurance as a courtesy.

* I understand and realize that failure to make timely payment and maintain financial compliance is a basis for legal action and any court cost/collection fees/attorney fees will be assumed by me.

* I have read the financial policy and understand I am personally responsible for payment on this account in the event that my insurance deems a service to be "non-covered".

Signature - Financially Responsible (Guarantor)

Date