PATIENT REGISTRATION

ID: _____   Chart ID: _____

First Name: _____   Last Name: _____   Middle Initial: _____

Patient Is: ☐ Policy Holder   Preferred Name: _____

☐ Responsible Party

┌─ Responsible Party (if someone other than the patient) ───┐

First Name: _____   Last Name: _____   Middle Initial: _____

Address: _____   Address 2: _____

City, State, Zip: _____   Pager: _____

Home Phone: _____   Work Phone: _____   Ext: _____   Cellular: _____

Birth Date: _____   Soc Sec: _____   Drivers Lic: _____

○ Responsible Party is also a Policy Holder for Patient   ○ Primary Insurance Policy Holder   ○ Secondary Insurance Policy Holder

└──┘

┌─ Patient Information ───┐

Address: _____   Address 2: _____

City: _____   State / Zip: _____   Pager: _____

Home Phone: _____   Work Phone: _____   Ext: _____   Cellular: _____

Sex: ○ Male   ○ Female   Marital Status: ○ Married ○ Single ○ Divorced ○ Separated ○ Widowed

Birth Date: _____   Age: _____   Soc. Sec: _____   Drivers Lic: _____

E-mail: _____   ☐ I would like to receive correspondences via e-mail.

─────── Section 2 ───────   ─────── Section 3 ───────

Employment Status: ○ Full Time   ○ Part Time   ○ Retired   Emergency Contact: _____

Student Status: ○ Full Time   ○ Part Time   Effective Date: _____

Medicaid ID: _____   Pref. Dentist: _____

Employer ID: _____   Pref. Pharmacy: _____

Carrier ID: _____   Pref. Hyg.: _____

└──┘

┌─ Primary Insurance Information ───┐

Name of Insured: _____   Relationship to Insured: ○ Self   ○ Spouse ○ Child   ○ Other

Insured Soc. Sec: _____   Insured Birth Date: _____

Employer: _____   Ins. Company: _____

Address: _____   Address: _____

Address 2: _____   Address 2: _____

City,State,Zip: _____   City,State,Zip: _____

Rem. Benefits: _____ .00   Rem. Deduct: _____ .00

└──┘

┌─ Secondary Insurance Information ───┐

Name of Insured: _____   Relationship to Insured: ○ Self   ○ Spouse ○ Child   ○ Other

Insured Soc. Sec: _____   Insured Birth Date: _____

Employer: _____   Ins. Company: _____

Address: _____   Address: _____

Address 2: _____   Address 2: _____

City,State,Zip: _____   City,State,Zip: _____

Rem. Benefits: _____ .00   Rem. Deduct: _____ .00

└──┘