

PATIENT REGISTRATION

ID: _____ Chart ID: _____

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

Preferred Name: _____

Patient Is: Policy Holder 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: _____ 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

Employment Status: Full Time Part Time Retired

Student Status: Full Time Part Time

Medicaid ID: _____ Pref. Dentist _____

Employer ID: _____

Pref. Pharmacy: _____

Carrier ID: _____

Pref. Hyg.: _____

Section 3

Cell Phone Number: _____

Credit Card Number: _____

Emer. Contact Name/#: _____

Place of Employment: _____

Spouse's Employment: _____

Spouse's SS#: _____

Name of Bank: _____

PRIMARY INSURANCE INFORMATION

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

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____

Address: _____

Address 2: _____

City, State, Zip: _____

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

Ins. Company: _____

Address: _____

Address 2: _____

City, State, Zip: _____

SECONDARY INSURANCE INFORMATION

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

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____

Address: _____

Address 2: _____

City, State, Zip: _____

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

Ins. Company: _____

Address: _____

Address 2: _____

City, State, Zip: _____