



NOTE: This form can be filled out from your screen. Just click in the open space beside each query and type in the requested info.

You can click "Highlight Fields" in the top right corner of your PDF Reader to view all the fillable areas. Click the 'email' and/or 'print' button(s) below when finished.

Welcome to our office! Please fill in the pertinent blanks on this form. Accurate answers to these questions will allow us and your insurance company to better serve you. If you have any difficulty completing this form, please feel free to ask the receptionist to assist you. If you would like us to file you insurance benefits, please present any insurance forms that you might have to the receptionist, signed, with sections for the patient and employee information completely filled out.

PATIENT REGISTRATION				
Name:		Date of Birth:		Age:
Address:		City:	State:	Zip:
Home #:	Work #:	Cell #:		
Email Address:	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
Emergency Contact/Relation:			SSN:	
Employer:			Phone #:	
Address:		City:	State:	Zip:
Who referred you to us?				
Office #:		Fax #:		

GUARANTOR INFORMATION			
Name:		Date of Birth	SNN:
Home #:		Work #:	
Address:		City:	State: Zip:
Employer:			

PRIMARY INSURANCE		
Insured Party:		Relationship to Primary Guarantor:
Date of Birth:	SSN:	Phone #:
Company:	Insured ID:	Group #

SECONDARY INSURANCE		
Insured Party:		Relationship to Primary Guarantor:
Date of Birth:	SSN:	Phone #:
Company:	Insured ID:	Group #

PLEASE SIGN THE FOLLOWING STATEMENTS	
I authorize payment of medical benefits to the named provider for professional services rendered. I authorize the release of any medical information necessary to process the claim. I have been given a copy of the patient's rights and privacy act.	
SIGNATURE: _____ DATE: _____	
I hereby authorize my test results to be left on the answering machine at the following number: _____ and I authorize my test results to be given to the following person: _____ at the following number: _____	
SIGNATURE: _____ DATE: _____	