

Total Medical and Urgent Care

PATIENT REGISTRATION

Patient Information

First Name: _____ M.I.: _____ Last Name: _____

S.S.# _____ Birth date: ____/____/____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: (____) _____ - _____ Alternative phone: (____) _____ - _____ Sex: M / F Marital Status: S M D W

Work: Full Time / Part Time / Retired

Employer: _____ Work Phone #: (____) _____ - _____

Address: _____ City _____ ST: ____ Zip: _____

Student: Full Time / Part Time

School: _____

Guarantor Information (Primary Holder of Insurance)

First Name: _____ M.I.: _____ Last Name: _____

S.S.# _____ Birth date: ____/____/____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: (____) _____ - _____ Alternative phone: (____) _____ - _____ Sex: M / F Marital Status: S M D W

Work: Full Time / Part Time / Retired

Employer: _____ Work Phone #: (____) _____ - _____

Address: _____ City _____ ST: ____ Zip: _____

Payment & Insurance Information (we will need a copy of your insurance card)

Primary Insurance: _____ Phone Number: (____) _____ - _____
ID#: _____ Group#: _____

Other Insurance: _____ Phone Number: (____) _____ - _____
ID#: _____ Group#: _____

Emergency Contact(s) Information:

In case of any emergency or I'm unable to be contacted by the doctor I hereby allow for the follow people to receive information regarding my health. Anyone not on the list will not be notified. Initials: _____

<u>Name:</u>	<u>Phone #:</u>	<u>Relationship:</u>
1. _____	(____) _____ - _____	_____
2. _____	(____) _____ - _____	_____
3. _____	(____) _____ - _____	_____

AUTHORIZATIONS & ACKNOWLEDGMENTS

I hereby authorize Total Medical and Urgent Care to furnish information to my insurance carrier(s) concerning my illnesses and treatments. Initials: _____

I hereby assign to the doctor all payments for medical services rendered to me or to my dependents. I understand that I am responsible for any amount not covered by insurance. Initials: _____

Signature: _____

(Patient/ Parent/ Guardian)

Date of Service: _____