

**[NAME OF PRACTICE]
REGISTRATION FORM**
(Please Print)

Today's date:		PCP:	
PATIENT INFORMATION			
Patient's last name:		First:	Middle:
		☐ Mr. ☐ Mrs.	☐ Miss ☐ Ms.
		Marital status: ☒ Single / ☒ Mar / ☐ Div / ☐ Sep / ☐ Wid	
Is this your legal name?	If not, what is your legal name?	(Former name):	Birth date:
☐ Yes ☐ No			Age: Sex: ☐ M ☐ F
Street address:		Social Security no.:	Home phone no.:
			()
P.O. box:	City:	State:	ZIP Code:
Occupation:	Employer:		Employer phone no.:
			()
Choose clinic because/Referred to clinic by (please check one box): ☐ Dr. ☐ Insurance Plan ☐ Hospital			
☐ Family ☐ Friend ☐ Close to home/work ☐ Yellow Pages ☐ Other			
Other family members seen here:			

INSURANCE INFORMATION					
(Please give your insurance card to the receptionist.)					
Person responsible for bill:	Birth date:	Address (if different):		Home phone no.:	
	/ /			()	
Is this person a patient here? ☐ Yes ☐ No					
Occupation:	Employer:	Employer address:		Employer phone no.:	
				()	
Is this patient covered by insurance? ☐ Yes ☐ No					
Please indicate primary insurance ☐ [Insurance] ☐ [Insurance] ☐ [Insurance] ☐ [Insurance] ☐ [Insurance]					
☐ [Insurance] ☐ [Insurance] ☐ [Insurance] ☐ Waiver (Please provide coupon) ☐ Other					
Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:	Co-payment:
		/ /			\$
Patient's relationship to subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other					
Name of secondary insurance (if applicable):		Subscriber's name:		Group no.:	Policy no.:
Patient's relationship to subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other					

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.:	Work phone no.:
		()	()
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.			
 Patient/Guardian signature		Date	

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Richard Bailey

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name Richard Bailey.

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