



## NEW PATIENT REGISTRATION

### Personal Information:

Last Name/First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Social Security: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_ Referred By: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

### Insurance Information:

Name of Insured: \_\_\_\_\_ Policy#: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child/Financial Dependent

### Employment Information:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

### Credit Card on File:

In order to expedite your billing we offer a credit card on file option for payment of all fees, deductibles, co-payments and co-insurances. Your card will be billed bi-monthly and you will receive a paid statement and your credit card receipts.

Card Type:    Visa    MasterCard    American Express    Discover    Diners Club International

Card#: \_\_\_\_\_ Exp.: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_