

PATIENT REGISTRATION INFORMATION

Please PRINT and complete ALL sections below

PATIENT'S PERSONAL INFORMATION

Dr. Mr. Mrs. Ms. Miss (please circle one)

Name: _____ Date of Birth: ____/____/____ Age: ____
Last Name First Name Middle Initial

Marital Status: Single Married Divorced Widowed

Street Address: _____
City State Zip

Home Phone: (____) _____ Cellular Phone: (____) _____

Work Phone: (____) _____ Email Address: _____

Social Security #: _____

Should it be necessary to communicate with you regarding matters related to your care at our office (i.e. medical information, appointment reminders, account information, demographic updates, etc.), we request permission to contact you by e-mail in addition to the standard methods of telephone or first class mail.

Do you give Dr.Park and her staff permission to contact you by electronic mail for such purposes?
__ Yes __ No

Will you be responsible for your account? YES If no, please tell us name of person responsible: _____ Phone number: (____) _____

Your occupation: _____

Employer's name: _____ Phone number: (____) _____

PATIENT'S REFERRAL INFORMATION

How did you hear about Dr. Park: _____

If referred by a friend, may we thank her or him? YES NO

PATIENT'S INSURANCE INFORMATION

Name of Insured: _____ Your relationship to insured: _____

PRIMARY insurance company's name: _____ Phone number: (____) _____

Insurance billing address: _____
City State Zip

Insurance ID #: _____ Insured's SSN: _____ Insured's date of birth: _____

Any SECONDARY insurance? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Street Address: _____
City State Zip

Home Phone: (____) _____ Cellular Phone: (____) _____

Financial Agreement I, _____, understand that I am financially responsible for all charges whether or not they covered by insurance. In the event of default, I agree to pay all costs of collection, and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be valid as the original.

Date _____ Signature _____