

# AcXm/ 'A]`Yf M.D., P.A.

## Patient Registration

Please print in black ink and answer all questions in full

Date: \_\_\_\_\_

### Patient Information (please complete using your name as listed on your insurance card)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Date of birth: \_\_\_\_\_ SS# \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

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

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

### Insurance Information

All patients must provide a copy of their insurance card and drivers license at the time of their visits.

Primary Insurance: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### Where may we contact you and/or leave messages regarding diagnosis, treatment plan, and/or test results?

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

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Patient Release

**Must be signed by patient if over 18 or by legal guardian of patient under 18.**

*I certify that the information that I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies (including Medicare) for purpose of filing and payment of medical claims. I authorize payment of medical benefits of the provider.*

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_