

PATIENT REGISTRATION INFORMATION

Choose Title

Marital Status *

Age *

Name *

Home Number *

First Name Middle Name Last Name

Area Code

Phone Number

Insured Date of Birth *

Cell Number *



Month Day Year

Area Code

Phone Number

Address *

Email *

Street Address

example@example.com

Street Address Line 2

City

State / Province

Postal / Zip Code

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? * If no, Name of person responsible.

YES

NO

Your occupation

Employer's Name

Employer's Number

Area Code

Phone Number

PATIENT'S REFERRAL INFORMATION

How did you hear about Dr. Park?

If referred by a friend, may we thank him or her?

YES

NO

PATIENT'S INSURANCE INFORMATION

Name of Insured *

Your relationship to insured: *

PRIMARY insurance company's name *

Insurance ID# *

Insurance Phone Number

Insured Date of Birth

Area Code

Phone Number

Month Day Year



Insurance Billing Address

Street Address

City State

Any SECONDARY insurance?

EMERGENCY CONTACT INFORMATION

Name *

Relationship: *

First Name Last Name

Cell Phone Number *

Address *

Area Code Phone Number

Street Address

Home Phone Number *

Street Address Line 2

Area Code Phone Number

City State / Province

Postal / Zip Code

I agree that I am financially responsible for all charges whether or not they are 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

Month Day



Year

Date



Day Year