*****PLEASE PRINT IN BLACK OR BLUE INK ONLY*****

PATIENT REGISTRATION FORM (PLEASE PRINT)

NAME _____ **BIRTHDATE** _____AGE_____

HOME PHONE _____ **CELL PHONE** _____

HOME ADDRESS _____
STREET, APT #, CITY, STATE ZIP

MAILING ADDRESS _____ SEX_____
STREET, APT #, CITY, STATE ZIP

SOCIAL SEC. # _____ - ____ - _____ **DRIVER'S LIC. #** _____MARITAL STATUS_____

EMPLOYER _____ OCCUPATION_____

WORK ADDRESS _____ ***WORK PHONE*** _____
STREET, APT #, CITY, STATE ZIP

SPOUSE'S (SP.) NAME _____ SPOUSE'S S.S.N._____
SP'S. WORK PHONE_____**SP'S Cell Phone** _____

SP'S. EMPLOYER (EMP.) _____ SP'S. OCCUPATION_____

SP'S. EMP. ADDRESS _____ _____
STREET, APT #, CITY, STATE ZIP

EMERGENCY CONTACT _____***EMERG. PHONE***_____

EMERGENCY ADDRESS_____
STREET, APT #, CITY, STATE ZIP

INSURANCE INFORMATION

PRIMARY CARRIER_____ PRIMARY PHONE #_____

PRIMARY CLAIMS ADDRESS _____
STREET, APT #, CITY, STATE ZIP

PRIMARY POLICY NUMBER _____ PRIMARY GROUP NUMBER# _____

SECONDARY CARRIER _____ SECONDARY PHONE #_____

SECONDARY CLAIMS ADDRESS _____
STREET, APT #, CITY, STATE ZIP

SECONDARY POLICY NUMBER _____ SECONDARY GROUP NUMBER_____

AUTHORIZATION

I hereby consent to any necessary medical treatment / physical examination required by myself or the minor named above for whom I am legally responsible. I consent to notifiying my emergency contact in event I cannot be located.

ASSIGNMENT

I permit payment directly to Nancy L. Sajben, MD for any benefits due for their services rendered. I understand that I am fully financially responsible for all charges whether or not covered by insurance.

MEDICAL RECORDS RELEASE

Authorization is hereby granted for release of any information required to process claims for services rendered. A copy of this authorization is as valid as the original. Regardless of any claim pending, you will receive periodic statements if your account has an outstanding balance. I cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim.

_____ _____ _____

SIGNATURE **RELATIONSHIP** **DATE**