



PATIENT REGISTRATION

Date _____

Name _____

Last

First

MI

Address _____

Street

City

State

Zip Code

Phone w/area code _____ Work Phone _____ Cell Phone _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Employer _____ Occupation _____

Who should we contact in an emergency? _____ Phone Number _____

RESPONSIBLE PARTY (INSURED) INFORMATION

Resp. Party name _____ Phone Number _____

Last

First

MI

Address _____

Street

City

State

Zip Code

Sex: ☐ Male ☐ Female Social Security Number _____ - _____ - _____ Relationship to Patient _____

Date of Birth _____ Employer _____

INSURANCE INFORMATION - PLEASE GIVE YOUR INSURANCE CARDS TO RECEPTIONIST TO COPY.

Primary Insurance _____ Insured's Name _____

Date of Birth _____ Patient Relationship to Subscriber _____

Subscriber ID _____ Office Visit Co-Pay _____

Group Name _____ Group Number _____

Secondary Insurance _____ Insured's Name _____

Date of Birth _____ Patient Relationship to Subscriber _____

Subscriber ID _____ Office Visit Co-Pay _____

Group Name _____ Group Number _____

How did you hear about us, or who can we thank?

☐ I was a Former Patient

☐ Doctor Recommendation

☐ Family or Friend - Name _____

☐ Insurance Company

☐ Employer Recommendation

☐ Former Patient - Name _____

☐ TV advertisement

☐ Radio advertisement

☐ Web Page

☐ Clinic Sign

☐ Yellow Pages

☐ Other _____

The Clinic on Sixth is committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about of fees or your financial responsibility.

Co-Payments - By law, we must collect your carrier designated co-pay at the time of service. Please be prepared to pay that co-pay at each visit.

Self Pay - Payment is expected at the time of service unless other financial arrangements have been made prior to your visit.

Account Balances - You are responsible for timely payment of your account. The Clinic on Sixth reserves the right to reschedule or deny any future appointments on delinquent accounts.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, DISCOVER and AMEX

Thank you for taking the time to review our policies. Please feel free to ask or share with us and specific concerns.

(Responsible Party Signature)

(Date)