

PATIENT REGISTRATION

PATIENT INFORMATION;

Date: _____

A. Name of person being evaluated: _____

Sex: _____ Age: _____ Date of Birth: _____ / _____ / _____
 Last First Middle
 Social Security # _____ - _____ - _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

B. Please complete the following if patient is a Minor:

1. Name of Parent/ Guardian:		Relationship to Child:	
Home address:		Home Phone:	
		Date of Birth:	
Employer:		Work Phone:	
2. Name of Parent/Guardian:		Relationship:	
Home address:		Home Phone:	
		Date of Birth:	
Employer:		Work Phone:	
3. Parents Marital Status:			
With whom does the child live:		Who has legal custody:	
Who is responsible for payment of bill:		Social Security #	
		Of Guarantor - -	

C. Please list all members of the patient's immediate family and/or people living in your home:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. FINANCIAL INFORMATION:

Method of Payment: ___ Self Pay (No Insurance) ___ Blue Cross (Trigon) ___ Southern Health
___ Other Insurance (Specify: _____)

If Insurance: Name of Policy Holder: _____ DOB: ___/___/___

Social Security Number : ___ - ___ - ___ Relationship to patient: _____

Insurance ID# _____ Group# _____

Employed by: _____

Managed Care: Preauthorization of Service Required? _____ Yes _____ No
Obtained? _____

Assignment and Release: I hereby authorize my insurance benefits to be paid directly to *Poehailos, Dupont & Associates, PLC* for services rendered. I authorize the release of any information as required by my insurance company or other reimbursing agency. I understand I am financially responsible for the charges not covered by my insurance company.

Signature of Patient/Guardian/Guarantor

Date

How did you hear about *Poehailos, Dupont & Associates, PLC*?

Any suggestions regarding this form or the scheduling/intake process?

