

PATIENT REGISTRATION FORM

DR. BEER

DR. BUTLER

DR. CHAFIK

DR. JAIN

DR. SIEGEL

| PATIENT INFORMATION | | |
|---|-------------------------|------------------------|
| Last Name | First Name | Middle Name |
| Mailing Address: | | |
| City: | State: | Zip: |
| Physical Address (if different): | | |
| Home Phone () _____ | Work Phone () _____ | Mobile Phone () _____ |
| Date of Birth: | Social Security Number: | |
| Marital Status (circle one) S M D W | Spouse's Name: | |
| Patient Employer: | Patient's Occupation: | |
| Emergency Contact | | |
| Name: _____ | Phone () _____ | Relationship: _____ |
| INSURANCE INFORMATION | | |
| Primary: | ID: _____ | Group ID: _____ |
| Secondary: | ID: _____ | Group ID: _____ |
| Tertiary: | ID: _____ | Group ID: _____ |
| Policy Holder / Subscriber Full Name (if not patient): _____ | | |
| Date of Birth: | Social Security Number: | |
| <p>Check below if applicable:</p> <p><input type="checkbox"/> I am electing not to file a claim with my insurance or do not have medical insurance and will be paying directly in full.</p> <p>Is this visit a result of a work injury? Y N</p> <p> If yes, date injured: _____ Industrial Claim #: _____</p> <p>Is this visit a result of an auto accident? Y N</p> <p> If yes, do you have an open claim for this injury? Y N</p> | | |
| PRIVACY NOTICE | | |
| <p>Southwest Shoulder Elbow & Hand Center, P.C. and each member of our staff strongly believe in protecting the confidentiality and security of information we collect about you. Your personal information will only be used to communicate with your other physician(s) or to help procure appropriate payment from your insurance company. By signing below, I acknowledge a complete Notice of Privacy Policy has been made available to me.</p> | | |
| <p>I acknowledge it is my responsibility to notify Southwest Shoulder Elbow & Hand Center, P.C. of changes to any of my insurance(s) including additions, terminations and/or enrollment at the time the event occurs. Otherwise, I understand I may be responsible for any charges occurred during this time.</p> | | |
| <p>ALL INFORMATION THAT I HAVE PROVIDED IS CURRENT AND CORRECT</p> | | |
| Signed: _____ | | Date: _____ |