

Registration - Adults

Date: _____

(PLEASE PRINT)

Patient Information

Name: _____ Social Security #: _____

Last Name

First Name

Initial

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Home Phone#: _____

Sex: M F Age: _____ Birthdate: _____ Single Married Widowed Divorced

Patient Employed By: _____ Occupation: _____

Business Address: _____ Business Phone #: _____

Person Responsible for Account: _____

Last Name

First Name

Initial

Whom may we thank for referring you? _____

Notify in case of emergency? _____ Relationship: _____ Phone #: _____

Check which method you prefer to receive your test results: Email: _____ Regular mail: _____

Primary Insurance

Insured's Name: _____ Birthdate: _____ Social Security #: _____

Address (if different from patient's): _____ Phone #: _____

City: _____ State: _____ Zip: _____

Insured's Employer: _____ Occupation: _____

Business Address: _____ Business Phone #: _____

Insurance Company Name and Address: _____

Policy Contract #: _____ Group #: _____ Phone #: _____

Secondary Insurance

Is Patient covered by additional insurance? Yes No If so, please complete below.

Insured's Name: _____ Birthdate: _____ Social Security #: _____

Address (if different from patient's): _____ Phone #: _____

City: _____ State: _____ Zip: _____

Insured's Employer: _____ Occupation: _____

Business Address: _____ Business Phone #: _____

Insurance Company Name and Address: _____

Policy Contract #: _____ Group #: _____ Phone #: _____

Assignment and Release

I, the undersigned certify that I (or my dependent) have insurance with _____

Name of Insurance Company(s)

_____, and assign directly to Al Temple or John Stoudenmire, Ph.D. all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date