ASPEN CREEK FAMILY MEDICINE

REGISTRATION FORM

(Please Print)

Today's date: PCP:

PATIENT INFORMATION

Patient's last name: First: Middle: ❑ Mr. ❑ Miss ❑ Mrs. ❑ Ms.

Marital status (circle one)
Single / Mar / Div / Sep / Wid

Is this your legal name? ❑ Yes ❑ No

If not, what is your legal name?

(Former name):

Birth date: / /

Age:

Sex: ❑ M ❑ F

Street address:

Social Security no.:

Home phone no.: ( )

P.O. box:

City:

State:

ZIP Code:

Occupation:

Employer:

Employer phone no.: ( )

Chose clinic because/Referred to clinic by (please check one box): ❑ Dr. ❑ Insurance Plan ❑ Hospital

❑ Family ❑ Friend ❑ Close to home/work ❑ Yellow Pages ❑ Other

Other family members seen here:

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill:

Birth date: / /

Address (if different):

Home phone no.: ( )

Is this person a patient here? ❑ Yes ❑ No

Occupation:

Employer:

Employer address:

Employer phone no.: ( )

Is this patient covered by insurance? ❑ Yes ❑ No

Please indicate primary insurance ❑ [Insurance] ❑ [Insurance] ❑ [Insurance] ❑ [Insurance] ❑ [Insurance]

❑ [Insurance] ❑ [Insurance] ❑ [Insurance] ❑ Welfare *(Please provide coupon)* ❑ Other

Subscriber's name:

Subscriber's S.S. no.:

Birth date: / /

Group no.:

Policy no.:

Co-payment: $

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

Name of secondary insurance (if applicable):

Subscriber's name:

Group no.:

Policy no.:

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):

Relationship to patient:

Home phone no.: ( )

Work phone no.: ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Aspen Creek Family Medicine or insurance company to release any information required to process my claims.

Patient/Guardian signature *Date*