OCH Center for Breast Health Patient Registration Form

Please Print Clearly Patient # _____ Date: _____

PATIENT INFORMATION:

Patient Name: (Last)_____ (First) _____ Middle Initial _____

☐Male ☐Female DOB: _____ SSN: _____ Marital Status: _____

Address: _____ City, State, Zip: _____County: _____

Home Phone: (_____)_____ Alt Phone: (____)_____ Referring Doctor: _____

Employment: ☐Full Time ☐Part Time ☐Self Employed ☐Not Employed ☐Retired/ Retire Date: ____

RESPONSIBLE PARTY: (IF OTHER THAN PATIENT AND/ OR IF PATIENT IS A MINOR, HE/ SHE WILL BE RESPONSIBLE FOR BILL PAYMENT.) (If address is the same as patient, write SAME)

Name: (Last) _____ (First) _____ (MI) _____DOB: _____

Phone: (___)_____ Address: _____

City, State, Zip:_____ Relationship to Patient_____

PRIMARY INSURANCE:

Carrier Name: _____ ID: _____ Group #: _____

Subscriber Name: (Last):_____ (First)_____ (MI)_____

☐Male ☐Female DOB:_____ SSN:_____ Relationship to Patient_____

Employer:_____ Employer Phone:_____

Employer Address:_____ City,State,Zip:_____

SECONDARY INSURANCE:

Carrier Name: _____ ID: _____ Group #: _____

Subscriber Name: (Last) _____ (First) _____ (MI) _____

☐Male ☐Female DOB: _____ SSN: _____ Relationship to Patient _____

Employer: _____ Employer Phone: _____

Employer Address:_____ City,State,Zip:_____

I assign all insurance payments to OCH Center for Breast Health. I understand that any unpaid portion of charges for treatment not paid by my insurance company is my responsibility. I understand that if my balance is not paid in a timely manner and the account is referred for outside collections, I am responsible for any processing fees and/or court costs. Signature: _____ **Date:** _____

EMERGENCY CONTACT: (please provide a phone # different from your own)

Name: (Last) _____ (First) _____ (MI) _____DOB: _____

Phone: (___)_____ Address: _____

City,State, Zip: _____ Relationship to Patient: _____

Preferred Pharmacy:_____ Address:_____

REVISION HISTORY

Author	Revision Date	Page #	Summary of Changes
Tawana Gipson	9/08/2016	1	Header and Footer added
			.