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 Cardiology Clinic. 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:_____City,State,Zip:_____

OCH CARDIOLOGY

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REVISION HISTORY

Author	Revision Date	Page #	Summary of Changes
Cheryl Smith	05/20	1	creation