

Patient Registration Form

Today I will be seeing: Dr. Phillips Dr. Buxton Dr. Portugal
 Dr. Taylor Dr. Miro Dr. Amirpour

Date _____

PATIENT IDENTIFICATION - Please type or use black ink (No pencil - please print)

Patient's Name: _____
Last First Middle Age M F

Address: _____
Street City State Zip Code

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Marital Status: S M W D

Driver's License #: _____ Social Security #: _____ Date of Birth: _____

If child, parent's names _____ If married, spouse's name _____

Patient's Occupation: _____ Employer: _____
Name Address

Person to Notify in case of an emergency _____
(Name and phone number of relative or friend not residing with you)

Referring Physician: _____
Name Address

Is this a work related injury? Yes No Date of Injury: _____ Claim #: _____ Adjuster: _____

INSURANCE INFORMATION

MUST BE FILLED OUT IN FULL ALONG WITH A COPY OF YOUR INSURANCE CARD

Please present your insurance card to the receptionist

Policyholders Name or Guarantor's Name (if patient is a minor): _____

Social Security #: _____ Date of Birth: _____ Relationship to patient: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Occupation: _____

Employer: _____
Name Address

1. Name of **Primary** Insurance Company: _____

Address: _____

Policy or Certificate No.: _____ Group #: _____ Effective Date: _____

2. Name of **Secondary** Insurance Company: _____

Address: _____

Policy or Certificate No.: _____ Group #: _____ Effective Date: _____

- C. Vincent Phillips, M.D. is one of the shareholders of Millennium Surgery Center.
- John A. Buxton, M.D. is one of the shareholders of Millennium Surgery Center.
- Edward Taylor, M.D. is one of the shareholders of Millennium Surgery Center.

Patient Signature

Date