

PRE-REGISTRATION FORM

(Please print in ink)

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I.: _____ MAIDEN: _____
IF PATIENT IS A MINOR, MOTHER'S NAME: _____ FATHER'S NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SEX: MALE FEMALE SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED SEPARATED
CHECK ONE: ASIAN/PACIFIC ISLANDER BLACK HISPANIC WHITE HISPANIC AMERICAN INDIAN
 AFRICAN AMERICAN CAUCASIAN MUTUALLY DEFINED OTHER
EMPLOYER NAME: _____ EMPLOYEE PHONE #: _____
EMPLOYER ADDRESS: _____
DO YOU HAVE INSURANCE COVERAGE THROUGH: MEDICARE MEDICAID CHAMPUS OTHER
PLEASE LIST ANY OTHER INSURANCE COVERAGE: _____
PREVIOUS ADMISSION TO THIS SURGERY CENTER: NO YES DATE: _____

INJURY INFORMATION

(Please complete if services are due to an accident)

DESCRIBE HOW THIS INJURY OCCURRED: _____
PLACE INJURY OCCURRED: _____ DATE OF INJURY: _____
IS THE INJURY WORK RELATED: Yes No WAS THIS INJURY A RESULT OF A VEHICULAR ACCIDENT? Yes No
HAS YOUR INSURANCE CO. ASSIGNED A CLAIM OR FILE # ? No Yes NUMBER: _____
AUTO CLAIMS, PLEASE LIST AMOUNTS AND TYPES OF COVERAGES:
LIABILITY \$ _____ MEDICAL PAYMENT \$ _____ UNINSURED MOTORIST \$ _____ NO FAULT \$ _____
ATTORNEY INFORMATION (PROVIDING ATTORNEY INFO, DOES NOT GUARANTEE ACCEPTANCE OF LETTER OF PROTECTION)
ATTORNEY NAME: _____
ATTORNEY ADDRESS: _____ ATTORNEY PHONE #: _____

INSURANCE INFORMATION

	PRIMARY INSURANCE	SECONDARY INSURANCE
RESPONSIBLE PARTY		
INSURED'S ADDRESS		
INSURED'S PHONE #	HOME: OFFICE:	HOME: OFFICE:
INSURED'S SS#		
INSURED'S EMPLOYER		
EMPLOYER'S ADDRESS		
POSITION/HOW LONG		
INSURANCE COMPANY		
WORKER'S COMP DATE OF ACCIDENT		
PLACE OF EMPLOYMENT WHERE INJURY OCCURRED		

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ PHONE # _____
ADDRESS: _____

METHOD OF PAYMENT INFORMATION

INSURANCE WORKER'S COMPENSATION CHECK CASH MASTERCARD VISA

THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PATIENT SIGNATURE: _____
DATE: _____