



PATIENT REGISTRATION

Nickname _____

Name _____ Date of Birth ____/____/____ Age ____
Last First Middle Initial

Address _____
Number Street City State Zip Code

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Cell (____) ____ - ____

Social Security # ____ - ____ - ____ Sex ____ M ____ F Marital Status: S M W D Sep

Employer _____ Occupation _____

Spouse / Parent Name _____ Spouse / Parent Employer _____

EMERGENCY CONTACT INFORMATION

Name	Relationship	Home Phone #	Alternate Phone #
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MEDICAL INFORMATION

Primary Care Physician _____ Phone (____) ____ - ____

Address _____
Street City State Zip Code

What medications are you allergic to? _____

Were you referred to our practice? YES / NO If Yes, by who? _____

INSURANCE INFORMATION

(If policy holder is different than the patient please include the policy holder's birth date & social security number)

Primary Insurance Company _____ Policy Holder _____

ID # _____ Group # _____ Effective Date ____/____/____

Policy Holder's Information: Birth Date ____/____/____ SS # ____ - ____ - ____ Relationship _____

Secondary Insurance Company _____ Policy Holder _____

ID # _____ Group # _____ Effective Date ____/____/____

Medicare # _____ Effective Dates – Part A _____ Part B _____

Medicaid # _____ Effective Date _____ Spend Down YES / NO

AUTHORIZATION TO FILE INSURANCE AND RELEASE INFORMATION

I hereby authorize Gregory Gottschlich, M.D., to release to your company or its representative, any information including the diagnosis, record of treatment / examination rendered to me during the period of such medical or surgical care. I hereby authorize and request your company to pay directly to the above-named physician the amount due to me in my pending claim for medical or surgical treatment or services, by reason of such services. I fully understand that if I have no insurance, or if my insurance is declared invalid, I am personally responsible for my bill.

Signature _____ Date ____/____/____

NOTE: All charges, including co-payments, are due at the time of service unless other financial arrangements have been made in advance. For your convenience, we accept cash, personal checks, VISA, MASTERCARD and DISCOVER. There is a \$30.00 charge for returned checks. Thank You.