PROFESSIONAL URGENT CARE SERVICES

REGISTRATION FORM

(Please Print)

PATIENT INFORMATION

Patient's last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid

Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: ❑ M ❑ F

Home address:	Home phone no.: ( )	Cell phone no.: ( )

Apartment #:	City:	State:	ZIP Code:

Social Security no:	Email Address For Patient Portal Use:	Race and Ethnicity.:

Chose clinic because/Referred to clinic by (please check one box): ❑ Dr. ____________ ❑ Insurance Plan ❑ Attorney

❑ Family ❑ Friend ❑ Close to home/work ❑ Internet ❑ Other: ________________________________

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill:	Birth date: / /	Address (if different):	Home phone no.: ( )

Primary Insurance Co:

Policy Holders Name:	Policy Holders S.S. no.:	Birth date: / /	Group no.:	Policy no.:	

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

Name of secondary insurance (if applicable):	Policy Holders name:	Group no.:	Policy no.:

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

Assignment of insurance benefits: I hereby authorize direct payment of surgical/medical benefits to Dr. Hiten Upadhyay / Professional Urgent Care Services for services rendered on them in person or under their supervision. I understand that I am financially responsible for any balance not covered by my insurance.

Authorization to release medical information: I hereby authorize Dr. Hiten Upadhyay / Professional Urgent Care Services to release any medical or incidental information that may be necessary for either medical care or in the processing application for financial benefit.

The above information is true to the best of my knowledge.

Patient/Guardian signature *Date*