



Date: \_\_\_\_\_

**PATIENT REGISTRATION FORM**

New     Up-Date/Change

**PRINT FIRMLY & LEGIBLY TO COMPLETE BELOW**

<b>PATIENT INFO</b>	Last Name			First Name			Middle Initial		
	Address			City			State		ZIP Code
	Home Phone ( ) -		SSN	Driver's License Number		Date of Birth		Race	Sex
	Marital Status (circle one) S M D Sep Wid		Religion (Optional)		Referral Source				
	Employer Name			Employer Address					
	Employer Phone ( ) -		Extension	Supervisor Name					
<b>GUARANTOR INFO</b>	Last name			First Name			Middle Initial		
	Address			City			State		ZIP Code
	Home Phone ( ) -		SSN	Driver's License Number		Date of Birth		Race	Sex
	Marital Status (circle one) S M D Sep Wid		Religion (optional)		Referral Source		Relationship to Patient		
	Employer Name			Employer Address					
	Employer Phone ( ) -		Extension	Supervisor Name					
<b>INSURANCE INFORMATION</b>	Policy Holder Last Name			First Name			Middle Initial		
	Address			City			State		ZIP Code
	Home Phone ( ) -		SSN	Driver's License Number		Date of Birth		Race	Sex
	Marital Status S M D Sep Wid		Religion (optional)		Relationship to Patient				
	Employer Name			Employer Address					
	Employer Phone ( ) -		Extension	Supervisor Name					
	Primary Insurance			Plan			Policy Number		
	Member Number		Group Number			Effective Date		OV Co-Payment	
	Secondary Insurance			Plan			Policy Number		
	Member Number		Group Number			Effective Date		OV Co-Payment	
<b>EMERG!</b>	Last Name			First Name			Middle Initial		
	Address			City			State		ZIP Code
	Home Phone ( ) -		Relationship to Patient			Business Phone ( ) -		Extension	

**AUTHORIZATION TO RELEASE INFORMATION AND PAY BENEFITS TO PHYSICIAN:** I hereby authorize the release of any information to the extent necessary to determine liability for payment and to obtain reimbursement. I further authorize direct payment of any insurance benefits to Joshua Medical Group. I understand that I am financially responsible for charges not paid pursuant to this assignment.

X \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Signature of Member/Parent/Guardian/Custodian (CONFIDENTIAL MEDIAL RECORD COPY)