## **REGISTRATION AND TREATMENT**

Date		Home Phone ()				
	PATIENT IN	FORMATIC				
NameLast Name	First Name	SS/HIC/Patient ID #				
Address						
City				Zip		
Sex M F Age Birthdate		☐ Married	☐ Widowed	•	Minor	
		☐ Separated	☐ Divorced	☐ Partnered for		
Patient Employer/School		•			-	
Employer/School Address						
Whom may we thank for referring you?			,			
In case of emergency who should be notified?						
	PRIMARYI	NSUBANC	<b>`</b> E			
	1 100007011 1					
Person Responsible for Account		First Name			Middle Initial	
Relation to Patient		Birthdate	,	ID#/Soc. Sec. #		
Address (If different from patient's)			Phone (	_)		
City		State		Zip		
Person Responsible Employed By		Occupation				
Business Address		Business Phon	ne ()			
Insurance Company					, side of the second se	
Contract #	Group #		Su	ıbscriber #	· · · · · · · · · · · · · · · · · · ·	
Names of other dependents covered under this p	olan					
	ADDITIONAL	INSUBAN	ICE			
Is patient covered by additional insurance?	Yes ☐ No					
Subscriber Name		Relation to Pat	ient	Birthdate	-	
Address (If different from patient's)						
City				Zip		
Subscriber Employed by		Business Phon	ne ()			
Insurance Company		Soc. Sec. #	···			
Contract #	Group #		Sı	ubscriber #		
Names of other dependents covered under this p	plan	·				

Please Complete Above Information and Next Page