VASCULAR CLINIC

REGISTRATION FORM

(Please Print)

Today's Date ____/____/____ **PCP**________________________

PATIENT INFORMATION

Patient's Last Name	First	Middle	❑ Mr. ❑ Miss ❑ Mrs. ❑ 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

Mailing Address	Social Security	Home Phone No. ( )

City	STATE	ZIP	Cell Phone No. ( )

Occupation	Employer	Business Phone No. ( )

Chose Clinic Because/Referred to Clinic by (Please check one box) ❑ Dr. ____________ ❑ Insurance Plan ❑ Hospital

❑ Family ❑ Friend ❑ Close to Home/Work ❑ Yellow Pages ❑ Other ____________

Email Address		Other Family Members Seen Here

INSURANCE INFORMATION (PLEASE GIVE YOUR INSURANCE CARD TO THE RECEPTIONIST)

Person Responsible for Bill	Birth Date / /	Address (if different)	Home Phone No. ( )
Is this person a patient here?	❑ Yes ❑ No		

Occupation	Employer	Employer Address	Employer Phone No. ( )

Please indicate **Primary insurance**	❑ Medicare	❑ BlueCross/BS	❑ United Health	❑ Benefit Mangmt	❑ Aetna

❑ Cigna ❑ LA State Group ❑ LA Medicaid ❑ Other INS NAME ____________________

Other Insurance Address

Subscriber's Name	Subscriber's S.S. #	Birth Date / /	Group #	Policy #	Co-Payment $

Patient's Relationship to Subscriber ❑ Self ❑ Spouse ❑ Child ❑ Other

SECONDARY INSURANCE INFO

Secondary Insurance	Subscriber's Name					
	DOB:	PT Relationship	❑ Self	❑ Spouse	❑ Child	❑ Other
INS ADD:	Subscriber SSN:		Group #		Policy #	

IN CASE OF EMERGENCY

Name of Local Friend or Relative **(not living at same address)**	Relationship to Patient	Home Phone No. ( )	Work Phone No. ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Vascular Clinic or insurance company to release any information required to process my claims.

X ____

PATIENT/GUARDIAN SIGNATURE DATE

Form P100 – 1/29/2004