

MOTOR VEHICLE ACCIDENT PATIENT REGISTRATION FORM

Completion of this information in its entirety is required at time of visit.

Primary Care Physician _____ phone # _____
Address _____
Who Referred You to us _____ phone# _____
Address _____

A. Patients Legal Name:
First _____ Last _____ Middle _____ Preferred Name _____
Birth date ____/____/____ Gender _____ Marital Status _____ Social Security # _____ - ____ - ____
Home Address _____
Street _____ City _____ State _____ Zip Code _____
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____
Is it ok to leave a message? _____ E Mail address _____
Employer _____ Occupation _____
Employer Address _____

B. GUARANTOR (if patient is under 18 years of age):

Name of the responsible party _____ Address _____
Relationship to patient _____ Social Security # _____ - ____ - ____ Birth date ____/____/____
Employer _____ Address _____ Work Phone (____) _____ - _____

C. In case of EMERGENCY:

Person to contact _____ relationship _____ Phone (____) _____ - _____

D. How do you intend to pay?

PLEASE NOTE THAT WE DO NOT AWAIT SETTLEMENT PROCEEDINGS FOR PAYMENT

Motor Vehicle Ins Co. _____ Mailing Address for Claims _____
Phone (____) _____ Adjuster name _____
Claim # _____

Health Insurance Co. _____ Address _____
Phone (____) _____ - _____ Policy/ID # _____ Group # _____
Subscriber Name _____ Social Security # _____ - ____ - ____ Birth date _____
Employer _____ Address _____ Work Phone (____) _____ - _____

E. Reason for this visit:

Height _____ Weight _____

Date of Injury or onset of problem ____/____/____ Body Part _____
Accident Details _____

F. Please sign and return to the receptionist.

I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment.

Signature _____ Date _____