

San Tan Urgent Care Health Center

PATIENT REGISTRATION

PATIENT INFORMATION

First Name:	Date of Birth:	
Last Name:	Age:	Gender: M or F
Social Security # Required for Insurance	Home Phone:	
Address:	Work Phone:	
City, State, Zip:	Cell Phone:	

RESPONSIBLE PARTY

Account #	Patient Relationship to Guarantor:		
Last Name:	Gender:	Marital Status:	
First Name:	Date of Birth:		
Address:	Social Security # (Required)		
City, State, Zip:	Home Phone:		
Employer / Company or Business Name: Employer Address:	Work Phone:		
	Cell Phone:		

INSURANCE INFORMATION

Primary Insurance:	Policy/Subscriber:		
Address:	Insured Policy ID:		
City, State, Zip:	Group Number:		
Plan Phone:	Date of Birth:		
Effective Dates:	Patient Relationship to Subscriber:		
Second Insurance:	Policy Subscriber:		
Address:	Insured Policy ID:		
City, State, Zip:	Group Number:		
Plan Phone:	Date of Birth:		
Effective Dates:	Patient Relationship to Subscriber:		

FAMILY MEMBERS AND EMERGENCY CONTACT INFORMATION

Have other family members been seen at San Tan Urgent Care ? YES or NO	<u>Emergency Contact</u>
If so, please list below all family members	Name:
First and Last Names Please	Address(if different than patient):
1.	Patient relationship to Contact:
2.	Contact Home Phone:
3.	Contact Work Phone:
4.	Contact Cell Phone:
5.	

MEDICAL AUTHORIZATIONS AND RELEASE OF INFORMATION

I hereby authorize San Tan Urgent Care Health Center to furnish the insured's insurance company all information which said insurance company may request concerning my present illness or injury. I hereby assign to the doctors all money to which I am entitled for medical and/or surgical expenses relative to the services performed. It is understood that any money received from the above named insurance company over and above my indebtedness will be refunded to me when my bill is paid in full. I understand that I am financially responsible to said doctors for all charges., I hereby authorize San Tan Urgent Care Health Center to provide such medical services including surgery, if necessary, either regular or emergency, as may be determined to be in the best interest of the patient listed above. This authorization shall continue and be in full force and effect until revoked in writing by me.

X _____ Date: _____
Signature