



650 East 4500 South, Suite 100
 Salt Lake City, UT 84107
 Phone: 801.281.0027

OFFICE USE ONLY
Account # _____
Auth# _____

PATIENT REGISTRATION

PATIENT INFORMATION (PLEASE PRINT)

TODAY'S DATE: _____

Name: _____ SSN _____ - _____ - _____
Last First MI

Address: _____
City State Zip

Does the address above match the information on your Driver's License Yes _____ No _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer Name & Address: _____

Date of Birth _____ / _____ / _____ Age: _____ Sex: _____ Marital Status: _____

RESPONSIBLE PARTY (IF DIFFERENT THAN PATIENT)

Name: _____ SSN _____ - _____ - _____
Last First MI

Address: _____
City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth _____ / _____ / _____ Sex: _____ Relationship to the Patient: _____

INSURANCE INFORMATION (PLEASE PRESENT INSURANCE CARD(S) AT THE TIME OF CHECK IN)

PRIMARY INSURANCE: _____ SECONDARY INSURANCE: _____

Insurance Address: _____ Insurance Address: _____

Policy Holder: _____ Policy Holder: _____

Policy Holder Date of Birth: _____ Policy Holder Date of Birth: _____

ID#: _____ ID#: _____

Group #: _____ Group #: _____

Relationship to Patient: _____ Relationship to Patient: _____

Is this thru your employer: YES _____ NO _____ Is this thru your employer: YES _____ NO _____

Payment Method (Payment/co-payment is due at check-in)

Co-Payment \$ _____ Payment/co-payment will be made by: Cash _____ Check _____ Credit _____

In Case Of Emergency, Contact: _____ Phone(s): _____

Pharmacy: _____ Phone: _____

Primary Care Physician and/or Referring Physician: _____

I authorize the release of medical information to other treating physicians regarding my care, and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the physician. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.

Responsible Party Signature _____ **Date:** _____