

~ Welcome to Our Office ~

**Patient Registration - Confidential**

Name	Last	First	Middle Initial	Marital Status
Personal	Date of Birth	Social Security Number	Driver License Number	
Address	Number and Street		City/State/Zip	
Telephone	Home	Work	Cell/Pager	

Employer	Name/Company		Occupation	Address	
Spouse/ Parent	Name		Address	Phone	
Emergency Contact	Name		Address	Phone	
Insurance	Company		Policy/Member Number	Group Number	
Insured Party	Name		Address/Phone	Date of Birth	Rel to Patient

~Financial Policy~

<p>Payment is due at the time of service. This includes any past balances, unmet deductibles, co-payments, and any other charge that is not covered by your insurance policy. <b>We do not accept checks.</b> Cash, Visa, MasterCard, American Express and Debit Cards are accepted.</p>
<p>Please verify your benefits prior to your first visit. This can be done by calling the customer service telephone number on your insurance card. <b>We will not re-code sick or annual visits to coincide with your benefits, so please understand what your insurance company will pay for before scheduling your visit.</b></p>
<p>We charge a <b>\$25.00 No Show Fee</b> for missed appointments that are not canceled 24hrs prior.</p>
<p>Our terms are net thirty days. Late charges of 1.5% per month (18%APR) will be assessed on past-due accounts and collection charges and/or attorney fees may be added.</p>

I have read, understand, and agree to abide by the above financial policy:

\_\_\_\_\_  
Date Signature