

Patient Registration

Date: _____ Patient Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Date of Birth: _____ Sex: Female
Male

Social Security # (Last 4): _____

Marital Status: Single Married Divorced Widowed

Home Phone: _____ Mobile Phone: _____

Best Contact: Home Mobile Work May we leave a voicemail Yes No

School/Employer: _____ Phone: _____

Occupation: _____

Address: _____

Emergency Contact: _____ Phone: _____

Insurance Assignment and Release

I certify that I have insurance coverage with:

Name of insurance company(ies)

I hereby assign medical and/or surgical benefits, to include major medical benefits to which I am entitled, private insurance and any other health plan to Andrew Edward Luckey III, MD, INC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance company. I hereby authorize said assignee to release all information to secure the payment.

Signature of Patient, Parent, Guardian, or Personal Representative Date