

Patient Registration

Patient Information

Please use your full name as it appears on your insurance or Medicare card, no nicknames.

Last Name	_____	First Name	_____	MI	_____
Address	_____		City/State/Zip	_____	
Home Phone	_____	Work Phone	_____	Ext.	_____
Birth Date	_____	Sex M/F	Married/Single/Other	Soc. Sec.	_____
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Unspecified		
Race:	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White			
Employer	_____		Spouse's Name	_____	
Emergency Contact name and Phone number	_____				
E-mail	_____	Physician	_____		

Guarantor (Responsible for Account)

Last Name	_____	First Name	_____	MI	_____
Address	_____		City/State/Zip	_____	
Home Phone	_____	Work Phone	_____	Ext.	_____
Birth Date	_____	Sex M/F	Married/Single/Other	Soc. Sec.	_____

Insurance Information (COPY CARD(S) FRONT & BACK)

Primary Insurance Company	_____		Policy #	_____		
Group #	_____	Relationship to Patient	_____	Effective Date	_____	
Policy Holder's Last Name	_____	First	_____	MI	_____	
Sex M/F	Birthdate	_____	Home Phone	_____	Work Phone	_____
Employer	_____	Co Pay \$	_____	Referral Needed?	Y N	
Secondary Insurance Company	_____		Policy #	_____		
Group #	_____	Relationship to Patient	_____	Effective Date	_____	
Policy Holder's Last Name	_____	First	_____	MI	_____	
Sex M/F	Birthdate	_____	Home Phone	_____	Work Phone	_____
Employer	_____	Co Pay \$	_____	Referral Needed?	Y N	

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF INSURANCE BENEFITS

I authorize my insurance benefits (including Medicare) to be paid directly to Cascade Foot and Ankle for services rendered. I also authorize Cascade Foot and Ankle to release any information requested by the insurance company with regard to payment of benefits.

PATIENT'S SIGNATURE (OR LEGAL GUARDIAN)

DATE