

Patient Registration Form (eCW)

(Please Print)

PATIENT INFORMATION

Dr. Miss Mr. Mrs. Ms. Sir

Patient's Name (Last) (First) (MI) Previous Name

Address Line 1

City, State ZIP

Home Phone Cell No.

Date of Birth MM/DD/YYYY Social Security Number

Sex F - Female M - Male Transgender Ethnicity Hispanic or Latino Not Hispanic or Latino Declined

Race American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White Declined

Language English Spanish Indian Japanese Chinese Korean French German Russian Other

Marital Status Married Single Divorced Widowed Legally Separated Partner

Primary Care Provider (PCP) Referring Provider

Pharmacy Pharmacy Location

Emergency Contact Last Name First Name

Phone Number Do you have a living will? Yes No

Emergency Contact Relationship to Patient Guardian

Address Line 1

City, State ZIP

RESPONSIBLE PARTY INFORMATION (information used for patient balance statements)

Name (Last) (First) Sex F - Female M - Male

Date of Birth MM/DD/YYYY Social Security Number

Telephone

Email Address

Check here if this information is same as patient

Address Line 1

City, State ZIP

PRIMARY INSURANCE INFORMATION (provide your insurance card to the front desk at check-in)

Insurance Company

Name of Insured Patient Relationship to Insured

Subscriber ID (Policy Number) Group ID Copay Amount

Effective Date Termination Date Date of Birth MM/DD/YYYY

SECONDARY INSURANCE INFORMATION (provide your insurance card to the front desk at check-in)

Insurance Company

Name of Insured Patient Relationship to Insured

Subscriber ID (Policy Number) Group ID Copay Amount

Effective Date Termination Date Date of Birth MM/DD/YYYY

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge.

Patient (or Responsible Party) Signature Date

Relationship to Patient

*Please fill out everything above with the patients information. The items highlighted in yellow are part of the New Insurance requirements called « Meaningful Use ».