Patient Registration Information

Please print and complete all sections below

Personal data **Marital status:** ☐ married ☐ single **Gender:** ☐ male ☐ female

Name:_____ _____ _____
first last m.i.

Date of Birth: ___/___/_____ Social Security #_____-___-_____

Employer: _____

Home phone (___) ___-_____ Work (___) ___-_____ Cell (___) ___-_____

Address: _____
address city state zip

May we use the RxHub pharmacy database to access your prescription medication history? ☐ YES ☐ No

Responsible party (if not self) **Relationship to patient** ☐ spouse ☐ child ☐ other

Name:_____ _____ _____
first last m.i.

Date of Birth: ___/___/_____ Drivers License #_____

Home phone (___) ___-_____ Work (___) ___-_____ Cell (___) ___-_____

Address: _____
address city state zip

Insurance data *Please present insurance card to receptionist*

Insurance company:_____

Insurer's address: _____
address city state zip

Insurer's phone #: (___) ___-_____

Policy #:_____ Group #:_____

Secondary insurance company name:_____

Insurer's address: _____
address city state zip

Insurer's phone #: (___) ___-_____

Referred by: ☐ relative ☐ friend ☐ newspaper ☐ health fair ☐ seminar ☐ esagehealth.com
☐ telephone directory ☐ health insurance's website ☐ other

Other?: _____

Emergency Contact

Name:_____ _____ _____
first last m.i.

Home phone (___) ___-_____ Work (___) ___-_____ Cell (___) ___-_____

Address: _____
address city state zip

Assignment of Benefits

I hereby give lifetime authorization for payment of insurance benefits to be made directly to Sage Health and any assisting physicians for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. In the event of default I agree to pay all costs of collections and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits.

I further agree that a photocopy or unaltered electronic copy of this agreement shall be as valid as the original.

Date:_____ Signature:_____