

Patient Registration

(please print)

Last Name _____ **First Name** _____ **Middle Initial** _____

Gender Male Female **Birthdate** _____ **SS#** _____

Street Address _____ **Apt#** _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Ext#** _____

How were you referred to our office? Emergency Room Doctor Friend/Family

Employer Insurance Company Attorney Other

Name of Family Physician _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Primary Insurance Company _____

Policy Holder _____ **Birthdate** _____ **SS#** _____

Patient's Relationship to Insured Self Spouse Child Other

ID# _____ **Group#** _____ **Copay Amount** _____

Secondary Insurance Company _____

Policy Holder _____ **Birthdate** _____ **SS#** _____

Patient's Relationship to Insured Self Spouse Child Other

ID# _____ **Group#** _____ **Copay Amount** _____

Medicaid Billing# _____

Present Employer _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Date of Injury/Onset _____ **Injury Location** Right Left Both

Injury Work Related? Yes No **Claim#** _____

Contact in Case of Emergency _____ **Contact in Case of Emergency** _____

Relationship to Patient _____ **Phone#** () _____

I hereby authorize my insurance benefits to be paid to Hand Surgery Specialists, Inc., realizing I am responsible for payment of copayments and non-covered services. I hereby authorize the release of pertinent medical information to insurance carriers. I hereby authorize the physicians of Hand Surgery Specialists, Inc. to give me reasonable and proper medical care by today's standards.

Signature _____ **Date** _____

I request that payment of authorized Medicare benefits be made either to me or on my behalf to the physicians of Hand Surgery Specialists, Inc. for any services furnished me by these physicians. I authorize release to the Health Care Financing Administration and its agents any medical information needed to determine these benefits payable for related services.

Signature _____ **Date** _____