



Patient Registration Form

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

Parent/Guardian Name (if minor): _____

Gender: M / F **Date of Birth:** _____ **Social Security Number:** _____

Mobile Phone: _____ (message ok) **Home Phone:** _____ (message ok)

Preferred Contact Method: Mobile Phone / Home Phone

Mailing Address: _____ **City/State/Zip:** _____

Email: _____ used for: **Doctor Contact** Y or N **Newsletter** Y or N

Emergency Contact Information

Name: _____ **Relationship:** _____

Primary Phone: _____ **Alternate Phone:** _____

Insurance Information- Required if submitting to insurance

*Primary Insurance Company Name: _____

*Patients Relationship to Insurance Subscriber: Self/Spouse/Child/Other

*Name of Subscriber: _____ *Date of Birth: _____ *SSN#: _____

*Secondary Insurance Company Name: _____

*Patients Relationship to Insurance Subscriber: Self/Spouse/Child/Other

*Name of Subscriber: _____ *Date of Birth: _____ *SSN#: _____

I certify that the above is true and correct to the best of my knowledge.

I understand that I am financially responsible for all charges whether or not they are covered by insurance. I authorize the release any medical information necessary for claim processing to my insurance. I authorize the use of this signature on all insurance submissions.

Appointments cancelled with less than 24 hours notice will incur a fee and returned checks will incur a \$25 fee.

All Practitioners at IMC observe HIPPA Practices and respect your privacy. We do not disclose any health information to outside organizations, with the exception of:

**Professional referral to another healthcare provider or facility for diagnosis, evaluation, or treatment*

**Collection of payment for services rendered (ie: your insurance carrier).*

We will leave a voicemail at phone number(s) you have provided above if you are not available to receive our call.

Signature: _____ **Date:** _____

This information is valid for duration of treatment, unless otherwise revoked in writing by patient.