

URGENT TREATMENT CLINICS REGISTRATION FORM

Patient Information					
Today's Date	Home Phone	Cell Phone	Alt. Phone	Email Address	
Reason for Visit					
Last	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital Status	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former Name)	Birth Date	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	Apt #	City	State	Zip	Social Security #
Emergency Contact		Relationship		Phone Number	
Pharmacy Used for Medicines		Location of Pharmacy		Phone #: (if known)	
Primary Care Physician:		Address:		Phone#:(if known)	

Billing Information		
Health Insurance Provider	ID#	Group #
Cardholder's Name		Cardholder's Date of Birth

Assignment and Release of Benefits		
<p>The above information is true to the best of my knowledge. I, the undersigned, certify that I (or my dependent) have insurance with _____ and assign directly to Urgent Treatment Clinics all insurance benefits, if any, payable for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize, Urgent Treatment Clinics to release all necessary information to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.</p>		
Responsible Party Signature	Relationship	Date

Patient Billing Information			
Employer	Occupation	Employer Phone No.	
Employer Address			
Secondary Insurance (if applicable)	Subscriber's Name	Group #	Policy #
Person responsible for Account (other than self)		Relationship	
Address (if different)		State	Zip
Responsible Person's Home Phone	Other Phone	Date of Birth	Social Security Number
Responsible Person's Employer		Responsible Person's Employer's Address	
City	State	Zip	Phone Number
Have you ever been treated at an Urgent Treatment Clinic before? _____ Which location? _____			
Have you ever been treated at <u>this</u> Urgent Treatment Clinic before? _____			