NEW PATIENT PRE-REGISTRATION FORM

Please complete and bring at the time of your first appointment.

ELLIOT PHYSICIAN NETWORK

Primary Physician: _____

Patient Demographics

Name: _____ **Date of Birth:** _____
Address: _____ **SSN:** _____
City: _____ **State:** _____ **Zip:** _____
Home Phone _____ **Cell Phone:** _____ **E-mail:** _____
How did you hear about us? __ Radio __TV __Print Ad __Friend __Insurance __Elliot ON-CALL __Other

In case of an emergency:

Contact # 1: _____ **Contact #2:** _____
Relationship: _____ **Relationship:** _____
Home Phone _____ **Home Phone** _____

Employment Information

Employer Name: _____ **Phone:** _____
Employer Address: _____ **City:** _____
State: _____ **Zip:** _____ **Occupation:** _____

Guarantor Information (person financially responsible)

Name: _____ **Relationship:** _____
Address: _____ **SSN:** _____
City: _____ **State:** _____ **Zip:** _____
Home Phone _____ **Cell Phone:** _____
Employer Name: _____ **Phone:** _____
Employer Address: _____ **City:** _____
State: _____ **Zip:** _____

Primary Insurance (*please present card for copying)*

Subscriber Name: _____
Date of Birth: _____ **SSN:** _____
Subscriber Employer: _____
Employer Address: _____ **City:** _____
State: _____ **Zip:** _____

Secondary Insurance (*please present card for copying)*

Subscriber Name: _____
Date of Birth: _____ **SSN:** _____
Subscriber Employer: _____
Employer Address: _____ **City:** _____
State: _____ **Zip:** _____

DISCLAIMER STATEMENT

I authorize Elliot Physician network to submit claims to my insurance carrier and to release any medical information necessary to process all claims. I also authorize payment for any medical benefits to the aforementioned for all services provided until further notified for this account. I agree that I am financially responsible for any co-pay and self-pay balance at the time of service, and any balance that may be due after the claims have been submitted to my insurance.

_____

Patient Signature ***Date***

_____

Signature of Responsible Party Date