

Lewis M. Milrod, M.D., P.C.
REGISTRATION FORM

Today's date:	Primary Care Doctor: Address: Phone No:
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A. PATIENT INFORMATION

Patient's Last name:	First:	Middle:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /
Social Security No. (May omit if a child):					
Street address:			Home phone no.: ()		Cell phone no.: ()
P.O. box:	City:		State:		ZIP Code:

B. INSURED'S INFORMATION: SKIP TO C IF THE INSURED IS THE PATIENT

Insured's Last name:	First:	Middle:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /
Social Security No.:					
ONLY COMPLETE THE REST OF THIS SECTION IF IT IS NOT Street address:			THE SAME AS THE PATIENT'S Home phone no.: ()		INFORMATION Cell phone no.: ()
P.O. box:	City:		State:		ZIP Code:

C. INSURED'S INFORMATION:

Relationship to Patient: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Self	Employer Name and Address:	Employer phone no.: ()
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INSURANCE INFORMATION: DO NOT COMPLETE IF YOU HAVE THE CARD(S) FOR US TO COPY

Name of primary insurance :	Subscriber's Name, S.S. no.:	Birth date: / /	Group no.:	Policy no.:	
Name of secondary insurance (if applicable):	Subscriber's name, SS no.:		Group no.:	Policy no.:	

INSURANCE PAYMENT/RELEASE/OFFICE POLICIES

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Lewis Milrod, M.D., P.C. or insurance company to release any information required to process my claims.

MISSED APPOINTMENT CHARGE: I understand that there will be a charge of \$50 for missed appointments in the future. At least 24 hours' notice is required. A call on the same day cancelling an appointment will still be treated as a missed appointment.

3 STRIKES AND YOU'RE OUT POLICY: Three missed appointments will result in dismissal from the practice.

NO YELLING AT THE OFFICE STAFF POLICY: We are on your side. We understand that anxiety can run high with respect to your children's medical care. However, your anxiety and anger cannot be directed at the office staff. Yelling is a form of verbal abuse and will not be tolerated. Yelling at the office staff will result in dismissal from the practice. Adequate notice will be given and enough medication provided until the patient can be seen by another physician and/or ninety days have elapsed.

Patient/Guardian signature

Date