

Valley Center for Women's Health

Patient Registration Form (Please Print)

Date: _____

Patient Information

Patient's Last Name: _____ First Name: _____ MI: _____
Street Address: _____ Apt # _____ City _____ State: _____ Zip: _____
Home Phone # () _____ Work Phone # () _____ Ext. _____
Cell Phone # () _____ E-mail _____
Emergency Contact: _____ Relationship: _____ Telephone # () _____
Social Security # _____ Date of Birth: ____/____/____ Age _____
Sex: M F Marital Status: Single Married Widowed Separated Reason for Initial Visit: _____
Pharmacy's Name: _____ City: _____ Telephone () _____
How did you hear about our Practice? _____

Employer Information

Name of Employer: _____ Telephone # () _____
May we contact you at work? Yes No Occupation: _____

Primary Insurance

Primary Insurance Name: _____ Telephone # () _____
Address: _____ City: _____ State: _____ Zip: _____
Policy # _____ Group# _____ Co-pay Amt \$ _____ Effective Date ____/____/____
Name of Insured: _____ Relationship to Patient: Self Spouse Child Other _____
Insured Date of Birth: ____/____/____ Insured S.S.# _____

Patient Privacy

In order to protect your privacy and in accordance with Federal law we do not leave confidential medical information on answering machines or with anyone other than the patient or patient's legal guardian without authorization.

Please indicate below your preferences:

_____ We may leave detailed messages on this answering machine # () _____

_____ Do not leave detailed messages on any answering machine.

_____ You may leave messages with this/these _____

Person/People _____ Telephone # () _____

1. I authorize the release of any medical information necessary to process my insurance claim(s) to Millennium Practice Management Associates, Inc.

2. I authorize and request payment of medical benefits directly to my physician(s) at Valley Center for Women's Health.

3. I agree that a photocopy of this form may be used in lieu of the original.

4. I agree to pay all charges not covered by my insurance carrier(s). These charges include but are not limited to deductibles, co-payments, co-insurance and non-covered services.