

PATIENT REGISTRATION FORM

Referring Physician _____
(Doctor's Name, Phone and Fax Numbers)

Primary Care Physician _____

PATIENT'S INFORMATION

Last _____ First _____ Mid _____ Date of Birth _____

Occupation _____ Social Security# _____ - _____ - _____

Address (no P.O. BOXES)

_____ Apt. _____

City _____ State _____ Zip _____

Preferred Contact Tel.# _____ Alternate Tel.# _____

E-mail Address (please PRINT) _____

Emergency Contact _____ Tel. _____

Ethnicity (This information will be used for statistical purposes only) White, non Hispanic Asian Black or African American Hispanic or Latino Other _____**Preferred Language** English Russian Spanish Mandarin Cantonese Urdu Bengali Hindi Other language (specify) _____**Gender** Male Female**Marital Status** Married Single Divorced Separated Widowed

YOUR PRESCRIPTIONS WILL BE ELECTRONICALLY FORWARDED TO THE PHARMACY BELOW

Pharmacy Name _____ Tel. _____

Address _____ Fax _____

INSURANCE INFORMATION

Primary Insurance _____ ID # _____ Group # _____

Policyholder's Name _____ Date of Birth _____ Relationship to Patient _____

Secondary Insurance _____ ID # _____ Group # _____

Policyholder's Name _____ Date of Birth _____ Relationship to Patient _____

 I state that I do not have any insurance other than as indicated above

Guarantor's Name _____ Guarantor's SS # _____ - _____ - _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I request that payment of authorized Insurance or Medicare benefits be made either to me or on my behalf to providers at Accord Physicians PLLC for services furnished to me by the undersigned provider. I authorize any holder of medical information about me to release to my Insurance or to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services. I consent to the exchange of medical information with medical providers involved in my ongoing care.

This agreement is effective with the date of the signing, until the patient revokes it.

Patient or Guarantor signature: (X) _____