

ADVANCED VEIN CENTER

PATIENT REGISTRATION FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

SSN: _____ Birth Date: _____ Gender: **M F** Age: _____ Marital Status: **S M W D**

Please circle one:

Race: American Indian Asian Native Hawaiian African American White Hispanic Other Refuse to Report

Ethnicity: Hispanic or Latin Not Hispanic Refuse to Report

Language: English Spanish Other Pharmacy: _____

Email address: _____ Pharmacy Cross Streets: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you authorize our office to leave messages at: **HOME WORK CELL** (circle all that apply)?

Occupation: _____

Employer: _____

Emergency Contact Name & Phone #: _____ Relationship to Contact: _____

Primary Care Physician: _____ Phone: _____

Primary Insurance Company: _____ Phone: _____

Primary ID Number: _____ Group Number: _____

Name of Insured: _____ SSN of Insured: _____

Birth Date of Insured: _____ Relationship to Insured: _____

Secondary Insurance: _____ Birth Date of Secondary: _____

Name of Secondary Insured: _____ SSN of Insured: _____

How did you hear about us? Doctor Referral _____ Dr's Phone # _____

Patient Referral _____ Other _____

I, the undersigned, grant permission to Advanced Vein Center to disclose medical information to other treating physicians regarding my care. I authorize the release to the Health Care Financing Administration or said insurance company and its agents any medical information about me to determine benefits payable for related services. I understand that, I the undersigned am legally responsible for all fees related to medical services rendered, including copayments, coinsurance and deductibles.

When canceling or rescheduling an appointment, 24 hour notice must be given or a \$25 NO SHOW/CANCELLATION fee will be applied to my account. _____ Patient initials

*****I understand that there is a NO RETURN policy on all purchases of stockings*****

Patient's Signature

Date