METROPOLITAN LITHOTRIPTOR ASSOCIATES, P.C

Patient Registration Form

Patient Name: _____ Social Security Number: _____-____-_____ Sex: ☐M ☐F

Date of Birth: _____ Marital Status: ☐Married ☐Single ☐Divorced ☐Widowed

Address: _____
(Street) *(City/State/Zip)*

Home Phone: (_____) _____-_____ Cell Phone: (_____) _____-_____

Email-Address :_____

Would you be interested in having communications sent to you via your email address? ☐*Yes* ☐ *No*

Employer Name: _____ Phone Number: (_____) _____-_____

Employer Address: _____
(Street) *(City/State/Zip)*

Referring Urologist: _____ Primary Care Physician: _____

PRIMARY INSURANCE INFORMATION

Plan Name: _____ Policy ID#: _____

Address: _____ Group #: _____

Policy Holder: Name:_____ Date of Birth: _____ Sex: ☐M ☐F

Relationship to Patient: ☐*Self* ☐*Spouse* ☐*Parent / Guardian*

Employer Name: _____ Phone Number: (_____) _____-_____

Employer Address: _____

SECONDARY INSURANCE INFORMATION

Plan Name: _____ Policy ID#: _____

Address: _____ Group #: _____

Policy Holder: Name:_____ Date of Birth: _____ Sex: ☐M ☐F

Relationship to Patient: ☐*Self* ☐*Spouse* ☐*Parent / Guardian*

Employer Name: _____ Phone Number: (_____) _____-_____

Employer Address: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone: (_____) _____-_____ Other: (_____) _____-_____

HAVE YOU EVER BEEN TREATED AT MLA/MUS? ☐ **YES** ☐ **NO** **Date Treated:** _____

I hereby request that payment of authorized Medicare or other insurance benefits be made on my behalf to Metropolitan Lithotriptor Associates, P.C. for any services furnished me by a physician member of the P.C. I understand that I am financially responsible to Metropolitan Lithotriptor Associates, P.C. for charges not covered by this agreement. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents, or authorized representatives of my insurance company, any information needed to determine these benefits or the benefits payable for related services.

Patient Signature: _____ Today's Date: _____