



# Patient Express

## Registration *(Please Fill Out Entire Form Completely & Legibly)*

Today's Date: \_\_\_\_\_

### Personal Information

\_\_\_\_\_  Male  Female  
Last Name First Name MI Age

\_\_\_\_\_ Street Address City State Zip

\_\_\_\_\_ Home Telephone Number Cellular Telephone Number Email Address (Important)

\_\_\_\_\_ Emergency Contact Person Telephone Number (If Pt is a Minor) Parent/Guardian Name

\_\_\_\_\_ Occupation Employer/Company Name Work Telephone Number

My Condition is related to:  Work  Auto Accident (State \_\_\_\_\_)  Other \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Single  Married

Work Status:  Currently Employed  Retired  Disabled (  Total  Temporary )  Student (  P/T  F/T )

\_\_\_\_\_ Primary Insurance Secondary Insurance

\_\_\_\_\_ Sponsor's Full Name Sponsor's Date of Birth Sponsor's Social Security Number

### Referral Information

\_\_\_\_\_ How did you hear about Healing Hands?

**If by a friend or family member, please give their phone number & address below so that we may send a THANK YOU note & small gift**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Primary or Referring Physician Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Telephone Number Facsimile Number

Do you have a follow up scheduled w/this MD?  Yes  No

If yes, when? \_\_\_\_\_

### Payment Information

I am paying by  CASH  CHECK  CREDIT CARD

I have **INSURANCE** & would like to:

Have you deal directly with them. I will assign my benefits to you by completing the "Assignment of Benefits Form". The following information is required prior to the 1<sup>st</sup> visit.....

My co-insurance/co-payment is \$ \_\_\_\_\_

My Deductible is \$ \_\_\_\_\_

### Credit Card On File Information

***This information is Sage & Secure. I will be notified of any & all charges prior to processing***

Visa  Mastercard  Discover

Card number: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**I Have Read & Agree To All The Policies that Accompany This Form.** Signed \_\_\_\_\_