

PATIENT REGISTRATION

PATIENT INFORMATION

Name: _____ Date of Birth: ____/____/____
Social Security #: _____ Sex: M F
Home Phone #: _____ Cell Phone#: _____
Work Phone#: _____ Email: _____
Address: _____ Apt _____ City: _____ State: _____ Zip: _____

Primary Care Physician: _____
Office Address: _____
Work#: _____ Fax#: _____

Referring Physician (if different): _____
Office Address: _____
Work#: _____ Fax#: _____

Pharmacy: _____ Address: _____
Work#: _____ Fax#: _____

Insurance card# (for prior authorizations, if required): _____

Emergency Contact: _____ Relationship: _____
Phone#: _____

INSURANCE

Primary Insurance: _____
ID#: _____ Group#: _____
Secondary Insurance: _____
ID#: _____ Group#: _____

Insured Person (if not patient): _____
Work Phone#: _____ Fax#: _____
Address: _____ City: _____ State: _____ Zip: _____

Patient Name _____

New Patient Visit Questionnaire cont.

Worker's Compensation, Personal Injury and No-Fault

Attorney: _____

Phone Number: _____

Adjuster: _____

Phone Number: _____

How Did You Find Us?

Physician

Attorney

Chiropractor

Google

Insurance Website

Zocdoc

Newspaper Ad

AUTHORIZATION

I authorize the release of any medical information necessary to determine my benefits and to process any claim for services provided. I permit a copy of this authorization to be used in place of the original

Signature (Patient or Legal Representative)

Date

ASSIGNMENT OF BENEFITS

I authorize *Corey W. Hunter, MD, PLLC* to apply for benefits on my behalf for covered services rendered. I request that payment from CMS or my insurance carrier to forward payment for medical benefits for all services be made directly to *Corey W Hunter, MD PLLC*.

I certify that the information I have provided with regards to my insurance coverage is correct. I permit a copy of this authorization to be used in place of the original. This authorization may be evoked by either me or my insurance provider at any given time with proper written notice.

Signature (Patient or Legal Representative)

Date

Initials _____