

CLIENT REGISTRATION

CLIENT NAME: _____

RESPONSIBLE PARTY: (if child) _____

ADDRESS: _____

TEL (HOME): _____

TEL (OFFICE): _____

TEL (CELL): _____

EMAIL: _____

DATE OF BIRTH: _____

AGE: _____

GENDER: male female

EMERGENCY NAME(S) & NUMBERS: _____

How did you hear about us? (please check one)

Physician

Website

Internet

Non-physician referral

Phone book

Other _____

PAYMENT POLICIES & AUTHORIZATION:

I authorize my provider and/or his agents to collect fees for services rendered to me and/or any other persons for whom I am responsible. I agree to pay in full at the time of service and/or within 30 days of any statements sent to me unless prior written agreement has been made with my provider. I agree to provide no less than 24 hours' notice when canceling or changing my appointments, so that others have the opportunity to schedule in my place. I understand that when I give less than 24 hours' notice for cancellations, I will be responsible for a late cancellation fee not less than \$40 (not to exceed the routine cost of that appointment). I understand that failure to show for any appointment not cancelled or rescheduled prior to its start time, will result in a no-show fee not less than 50% of the cost of the routine consult fee (not to exceed the routine cost of that appointment). I acknowledge that my provider might not be a participating provider with my insurance carrier and that if he/she is not, then he/she will not submit insurance claims for me. If I choose to submit claims on my own behalf, reimbursements will be sent directly to me and not to my provider.

SIGNATURE: _____ **DATE:** _____

Cash and personal checks are welcomed, but many patients find it convenient and preferable to allow this office to hold on file a credit or debit card to facilitate transactions; it will provide you a monthly record of expenditures.

CREDIT CARD INFORMATION:

TYPE:

VISA

MASTERCARD

AMEX

DISCOVER

CARD NUMBER: _____

EXP: _____

NAME ON CARD: _____

SECURITY CODE: _____

(last 3 digits from the signature space on back of card;
if Amex, the 4 #s above the card # on front of card)

AUTHORIZING SIGNATURE: _____