

PATIENT REGISTRATION INFORMATION

Please PRINT and complete ALL sections below

PATIENT'S PERSONAL INFORMATION

Dr. Mr. Mrs. Ms. Miss (please circle one)

Name: _____ Date of Birth: ____/____/____ Age: ____
Last Name First Name Initial

Nickname? _____ Marital Status: Single Married Divorced Widowed

Street Address: _____

Home Phone: (____) _____ Cellular Phone: (____) _____
City State Zip

Work Phone: (____) _____ Cellular Service Provider: _____

Email Address: _____ Messages can be left at: Home Cellular Work

Last 4 digits of SSN: _____ Allergies: _____

Your employer/ occupation: _____

Will you be responsible for your account? YES If no, please tell us name of person
responsible: _____ Phone number: (____) _____

Spouse's information: _____
Last Name First Name Initial Date of Birth Social Security #

Spouse's Employer's name: _____ Phone number: (____) _____

Street Address: _____
City State Zip

PATIENT'S REFERRAL INFORMATION

How did you hear about Dr. Kosins/ Dr. Kappel: _____

If referred by a friend, may we thank her or him? YES NO

PATIENT'S INSURANCE INFORMATION

Name of Insured: _____ Your relationship to insured: _____

PRIMARY insurance company's name: _____ Phone number: (____) _____

Insurance billing address: _____

Insurance ID #: _____ Insured's SSN: _____ Insured's date of birth: _____
City State Zip

Any SECONDARY insurance? _____

EMERGENCY CONTACT INFORMATION

Name of person not living with you: _____ Relationship: _____

Street Address: _____

Home Phone: (____) _____ Cellular Phone: (____) _____
City State Zip

Financial Agreement I, _____, understand that I am financially responsible for all charges whether or not they covered by insurance. In the event of default, I agree to pay all costs of collection, and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be valid as the original.

Date _____ Signature _____

For Office Use Only:

Information Updated: _____