



PATIENT REGISTRATION FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

SSN: _____ Marital Status: M / S / D Sex: M / F DOB: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer's Name, Address & Phone: _____

Emergency Contact:

Name: _____ Address: _____ Phone: _____

Relationship to patient: _____

PARENT/GUARDIAN/RESPONSIBLE PARTY: Who is the adult responsible for the bill?

Last Name: _____ First Name: _____ M.I.: _____

Relationship to Patient: _____ Photo ID and Proof of Guardianship Required

Marital Status: M / S / D SSN: _____ DOB: _____ Sex: M / F

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address _____

I authorize the use of this email address for scheduling and billing purposes

Employer's Name, Address & Phone: _____

PRIMARY INSURANCE - ALL INFORMATION MUST BE PROVIDED

Insurance Name & Address: _____

Policy #: _____ Group #: _____ Effective Date: _____

Policy Holder: _____ Relationship to Patient: _____

SSN: _____ Date of Birth: _____ M _____ F _____

Employer Name, Address & Phone: _____

SECONDARY INSURANCE - ALL INFORMATION MUST BE PROVIDED

Insurance Name & Address: _____

Policy #: _____ Group #: _____ Effective Date: _____

Policy Holder: _____ Relationship to Patient: _____

SSN: _____ Date of Birth: _____ M _____ F _____

Employer Name, Address & Phone: _____

TERTIARY INSURANCE - IF APPLICABLE, ALL INFORMATION MUST BE PROVIDED

Insurance Name & Address: _____

Policy #: _____ Group #: _____ Effective Date: _____

Policy Holder: _____ Relationship to Patient: _____

SSN: _____ Date of Birth: _____ M _____ F _____

Employer Name, Address & Phone: _____

AUTHORIZATION: I have read the attached Clinic Policies and Informed Consent documents and understand its terms. I give Dr. Logan permission to provide assessment services as needed, and to process insurance claims with assignment of benefits made directly to Neurobehavior North, Inc.

SIGNED: _____ DATE: _____