

Gresham Podiatry Center, LLC

831 N.W. Council Drive, Suite 203 ■ Gresham, Oregon 97030 ■ Phone: (503) 667-6600

PATIENT REGISTRATION

Name: (first) _____ (m.i.) _____ (last) _____
Mailing Address: _____ Physical Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____ Email: _____
Birthdate: _____ Age: _____ Sex: _____ Soc. Sec. No.: _____
Marital Status: Single Married Widowed Separated Divorced
Employer: _____
Address: _____ City/State/Zip: _____
Occupation: _____
How did you hear of our office? _____ Primary Care Physician: _____

GUARANTOR/SPOUSE/PARENT/INSURANCE SUBSCRIBER

Name: (first) _____ (m.i.) _____ (last) _____
Address: _____
City: _____ State: _____ Zip: _____
Birthdate: _____ Age: _____ Sex: _____ Soc. Sec. No.: _____
Home Phone: _____ Work Phone: _____
Employer: _____
Occupation: _____

INSURANCE

Primary Ins. Name _____ Policy #: _____ Group #: _____
Subscriber Name: _____ Birthdate: _____ Relationship to Patient: _____
Mailing Address: _____
Secondary Ins. Name _____ Policy #: _____ Group #: _____
Subscriber Name: _____ Birthdate: _____ Relationship to Patient: _____

IN CASE OF EMERGENCY

Name a friend or relative not living with you who could reach you in case of an emergency:

Name: _____ Relationship: _____ Phone: _____

AUTHORIZATION TO RELEASE INFORMATION - ASSIGNMENT OF BENEFITS - AGREEMENT CONTRACT

I hereby authorize Gresham Podiatry Center, LLC, to release to the Insurance Company named above any information acquired in the course of my examination or treatment (if patient is a minor, parent or guardian sign). I hereby agree to full responsibility for all expenses incurred by on account of this patient and hereby assign Gresham Podiatry Center, LLC, any and all insurance benefits due me to the full extent of my financial obligation. I understand my insurance coverage is a relationship between myself and my insurance company and I agree to accept financial responsibility for payment for charges incurred. I understand that a rebilling fee/finance charge complying with Oregon State Law will be applied to any overdue balance in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required.

SIGNED: _____ DATE: _____