Record type: ◯ New
◯ Update

PATIENT REGISTRATION FORM

Cimarron Women's Clinic

Date

Patient Name _____ Birthdate _____ Age _____
LAST FIRST M. I.

Address _____ Social Security # _____

_____ Religion _____
CITY STATE ZIP

Home Ph. _____ Business Ph. _____ Employer _____

How Long? _____ Address _____ Job Title _____

Marital Status: ◯ Married ◯ Single ◯ Widowed ◯ Divorced Email _____

Spouse's Name _____ Business Ph. _____

Employer _____ How Long? _____

SOMEONE OTHER THAN PERSON LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY

Name _____ Address _____

_____ Phone _____

IF YOU ARE A MINOR

Mother's Name _____ Address _____

Employer _____ Business Ph. _____ Home Ph. _____

Father's Name _____ Address _____

Employer _____ Business Ph. _____ Home Ph. _____

Referred by _____

DO YOU HAVE MEDICAL INSURANCE? ◯ Yes ◯ No

Name and Address of Insurance Company _____

Name of Policy Holder _____ His/Her Social Security # _____ His/Her Birthdate _____

Policy # _____ Group # _____ Precertification required? (check for yes) ☐

Secondary Insurance Company _____

Name of Policy Holder _____ His/Her Social Security # _____ His/Her Birthdate _____

Policy # _____ Group # _____ Precertification required? (check for yes) ☐

Pawnee # _____ Welfare ID # _____ Medicare # _____

*****PLEASE READ AND SIGN**

All professional services rendered are charged to the patient. Necessary forms will be completed for surgery claims. The patient is responsible for all fees, regardless of insurance coverage. It is customary to pay for services when rendered unless arrangements are made in advance. Cimarron Women's Clinic, Inc. will file insurance forms on Obstetric fees and surgeries. The following signatures may not pertain to today's visit but, may facilitate future insurance inquiries.

I authorize the release of information necessary to process claims while under the care of said physician.

Submit **Reset**

_____

I authorize payment of medical benefits to Cimarron Women's Clinic.

_____

A photocopy of this authorization shall be considered as valid as the original.