REYNOSO MD
Medical Center LLC

Patient Registration

(PLEASE PRINT)

Patient Name(first, middle, last)____ Date of Birth__________________

Mailing Address____

City______________________________ State_____________ Zip code_________ Sex: ☐ Female ☐ Male

Summer Address____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Significant Other

Social Security Number________________________ Race/Ethnicity____

How were you referred to our office?____

Employer_____________________________________ Occupation____

Pharmacy Name and Phone Number____

Phone Numbers AND Secure Email Address where you can be **reached** and **to leave** messages:

Home Phone______________________________ Work Phone___________________________________

Cell Phone________________________________ Secure Email Address ___________________________________

Do you wish to receive e-mails of our newsletter or information related to our practice? ☐ Yes ☐ No

INSURANCE INFORMATION ***(PLEASE PRESENT YOUR INSURANCE CARD TO THE FRONT OFFICE AT EACH VISIT)***

Primary Policy Holder Name____

Primary Policy Holders Date of Birth____________________________ SSN____________________________

Primary Insurance Company Name ____

Insurance ID____ Group #__________________________________

Secondary Policy Company Name ____

Insurance ID____ Group #__________________________________

EMERGENCY CONTACT INFORMATION

Name____ Relationship to Patient________________________

Address____ City_______________ State_______ Zip code__________

Phone Number_________________________________ Cell Number_____________________________________

The information above is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any unpaid or nonpaid balances. I authorize REYNOSO MD Medical Center LLC or any billing service and insurance company to release any information needed to process all claims. I am aware of HIPAA policies and Privacy Act of 1974.

Patient/Guardian Signature____ **Date**____________________