Maineville Family Physicians

Patient Registration

Patient Name: _____ DOB:_____Age:____SS#:_____SEX:_____

Address:_____City:_____State:_____Zip:_____

Home Phone:_____Work:_____Cell:_____

Emergency Contact:_____ Relationship:_____ Phone: _____

Primary Insurance**:**_____Policy Holder Name:_____

SS#of Policy Holder_____ DOB of Policy Holder:_____ Relationship to Pt:_____

Secondary Insurance:_____Policy Holder Name:_____

SS#of Policy Holder_____ DOB of Policy Holder:_____ Relationship to Pt:_____

If Patient is a minor please provide the responsible party (Guarantor) information below:

Guarantor Name (Print): _____ SS# _____ DOB _____

Address if different than above: _____

City_____ State_____ Zip_____ Phone_____

I agree to be responsible for the above patient financial until written notice is provided to the office to notify otherwise. Written notice must provide a 30 day notice of change in financial guarantor status. Under no circumstance will the 30 day period be waived for guarantor.

In order to submit a claim for payment to us for services covered under your policy, we must have your authorization to release medical information to your insurance carrier. I hereby authorize the release of information necessary to file a claim with my insurance company and assign benefits otherwise payable to me to the doctor or group indicated on insurance carrier. Copays and balance is payable at the time of services I will be responsible for any fees incurred for non-covered services, as each service has been individually financially counseled prior to completion of office visit or service. I will be responsible for all fees that are depicted in the financial policy, and I hereby agree that I have read and understand the financial policy. I understand if I am a Medicaid or Medicare participant that I will be responsible for non-covered services and agree to pay such charges. Initial that you agree with above information ____

I have received a copy of the HIPPA Policy/ Privacy Practice. Initial _____

A copy of the signature is a valid as the original.

Print Name_____ Signature_____ Date _____