

## Swarthout & Associates, LLC New Patient Registration

<b>Date</b>		<b>Diagnosis</b>	
<b>Name</b>		<b>Birthdate</b>	
<b>Address</b>		<b>Work</b>	
<b>City, State, Zip</b>		<b>Cell</b>	
<b>Email Address</b>		<b>Relationship Status</b>	<input type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/> <b>Sep</b> <input type="checkbox"/> <b>W</b> <input type="checkbox"/> <b>Coupled</b>
<b>Gender</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>		
<b>Employer</b>		<b>Occupation</b>	
<b>SSN</b>		<b>Referred by</b>	
<b>Primary Insurance</b>			
<b>Co. Name</b>		<b>Phone</b>	
<b>Member ID</b>		<b>Member Group #</b>	
<b>Claims Address</b>			
<b>Primary Policy Holders Information</b>			
<b>Last, First MI</b>		<b>DOB</b>	
<b>Address</b>		<b>Home #</b>	
<b>City, State, Zip</b>		<b>Cell #</b>	
<b>SSN</b>		<b>Employer</b>	
<b>Secondary Insurance</b>			
<b>Co. Name</b>		<b>Phone</b>	
<b>Member ID</b>		<b>Member Group #</b>	
<b>Claims Address</b>			

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**Secondary Policy Holders Information**

<b>Last, First MI</b>		<b>DOB</b>	
<b>Address</b>		<b>Home #</b>	
<b>City, State, Zip</b>		<b>Cell #</b>	
<b>SSN</b>		<b>Employer</b>	
<b>Party Responsible Party for Patient's Portion of Fees</b>			
<b>Name</b>		<b>Relationship</b>	
<b>Address</b>		<b>Phone</b>	
<b>Emergency Contact (s)</b>			
<b>Name</b>		<b>Phone</b>	
<b>Name</b>		<b>Phone</b>	

**Assignment and Release**

I the undersigned certify that I (or my dependent) have insurance coverage as noted above and assign directly to the healthcare provider listed at the top of this form all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the healthcare provider to release all information necessary to secure the payment of benefits and to mail patient statements. I authorize the use of this signature on all insurance submissions.

\_\_\_\_\_ Responsible Party Signature

\_\_\_\_\_ Relationship

\_\_\_\_\_ Date