



Patient Registration

****Please review and update the information below to the best of your ability.****

CURRENT PATIENT INFORMATION -- PLEASE PRINT		Guarantor Information (to whom statements are sent)	
Last Name:		Name:	
First Name:		Address:	
Middle Name:			
Address:		Relationship to patient: _____	
City:	State: TX	Date of Birth:	
Zip:		Social Security No.:	
Home Phone:		Phone: () _____ - _____	
Work Phone:		Emergency Contact Information	
Mobile Phone:		Name:	
Sex: M F		Relationship:	
Date of Birth:		Phone:	
Social Security No.:		Mobile Phone:() _____ - _____	
Patient email:			
<input type="checkbox"/> I give permission for North Dallas Primary Care Doctors to contact me via email for appointment reminders.			
Primary Insurance Information			
Insurance Plan Name:			
Policy Holder (if other than patient)		Policy Information	
Last Name:		Patient's relationship to policy holder:	
First Name:		ID/Certification No.:	
Middle Name:		Policy/Group No.:	
Address:			
City:	State:	Zip:	
Date of Birth:			
Sex (please circle): M or F			
Employer Name:			
Secondary Insurance Information			
Insurance Plan Name:			
Policy Holder (if other than patient)		Policy Information	
Last Name:		Patient's relationship to policy holder:	
First Name:		ID/Certification No.:	
Middle Name:		Policy/Group No.:	
Address:			
City: State: Zip:			
Date of Birth:, Sex (please circle): M or F			
Employer Name:			
ASSIGNMENT AND RELEASE:			
<ul style="list-style-type: none"> • I hereby assign my insurance benefits to be paid directly to the physician. • I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance. I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan. • I authorize the physician to release any medical information required to process this claim. • I authorize my provider's office to contact me by telephone to remind me of my appointments. • A fee for no shows may apply. 			
Signed _____			Date: _____