GAS LAMP

MEDICAL CENTER

250 Market Street, San Diego, Ca. 92101

REGISTRATION FORM

PATIENT INFORMATION

Patient's Last name: First: Middle:			❑ Mr. ❑ Miss ❑ Mrs. ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Widow
Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	Social Security Number:	Birth date: / /	Age:	Sex: ❑ M ❑ F
Street Address:			HOME #	
City:				
State:	Zip:		CELL #	
Email address:				
Occupation:	Employer Name:		EMPLOYER #	

Chose clinic because/Referred to clinic by (please check one box):	❑ Dr.		❑ Insurance Plan	❑ Hospital
❑ Family	❑ Friend	❑ Close to home/work	❑ Yellow Pages	❑ Other
Family members seen here:				
Ethnicity:	Race:		Language Spoken:	
Pharmacy Name:	City:		Phone #	

INSURANCE INFORMATION
PLEASE PROVIDE YOUR INSURANCE CARD AND PICTURE ID

Person responsible for bill:	Birth date: / /	Address (if different):		Home number: ( )	
Is this patient covered by insurance? ❑ Yes ❑ No ❑ Cash Pay					
PRIMARY INSURANCE	❑ Blue Cross	❑ PacifiCare	❑ Secure Horizon	❑ Health Net	❑ Blue Shield
❑ Cigna	❑ UnitedHealthcare	❑ Aetna	❑ Medicare	❑ Medical	❑ Scan
❑ 1st Care	❑ Medco	❑ Tricare	❑ Other:		

Subscriber's name:	Subscriber's S.S. Number:	Birth date: / /	ID number:	Group number:	Co-payment: $
Patient's relationship to subscriber:	❑ Self	❑ Spouse	❑ Child	❑ Other	
SECONDARY INSURANCE (if applicable):	Subscriber's name:		ID number:	Group number:	
Patient's relationship to subscriber:	❑ Self	❑ Spouse	❑ Child	❑ Other	

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home number: ( )	Other number: ( )

The above information 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 balance. I also authorize Gaslamp Medical Center or insurance company to release any information required to process my claims and authorize clinic to pull my external prescription history.

_____ _____

Patient/Guardian signature ***Date***