



Urgent Care Center

PATIENT REGISTRATION FORM

Date of Birth: _____

Gender (Circle One) Male / Female

Patient Name: Last: _____ First: _____ MI: _____

Social Security #: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Circle Best Form of Contact: H / W / C

Employer: _____ Work Phone: _____ Position: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Guarantor / Responsible Party (if Patient is under 18)

Last: _____ First: _____ MI: _____ DOB: _____

Relationship to Patient: _____ Gender (circle one) M / F Social Security # _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell: _____

Insurance Coverage

PRIMARY Insurance Company: _____

Insurance Identification#: _____ Group#: _____

Name of Insured: _____ Relationship to Patient: _____

Insured DOB: _____ Address: _____ City: _____ State: _____ Zip: _____

PRIMARY Insurance Company: _____

Insurance Identification#: _____ Group#: _____

Name of Insured: _____ Relationship to Patient: _____

Insured DOB: _____ Address: _____ City: _____ State: _____ Zip: _____

Consent for service and /or disclosure of Protected Health Information

I hereby consent to medical evaluation, testing and/or treatment provided to me by the staff of Dr Jon's Urgent Care Center, PC. I also understand that Dr Jon's Urgent Care Center, PC may disclose my Protected Health Information (PHI) necessary to carry out treatment, payment, or healthcare operations. I authorize the release of any information concerning my (or my child's) healthcare, advice, and treatment provided for the purpose of evaluation and administering claims for insurance benefits. I also hereby authorize payment for insurance benefits, otherwise payable to me, directly to the doctor and agree to pay any remaining balance once my insurance plan has processed my claim.

Signature of Patient (or parent/guardian if minor)

Date