



TLC and Weight Management Program

PATIENT REGISTRATION **All Information is Confidential**

Patient Name: (Last) (First) (MI)
Name you prefer to be called: _____
Patient Physical Address:
City: State: Zip:
Home Phone: Beeper/Cellular:
Patient Social Security # _____ Drivers License:
Email address: _____
Date of Birth Age: Sex: M F
Country of Birth:

Employment Information:

Patient Employer: Occupation:
Employer Address:
City: State: Zip:
Work phone No: Ext.

Emergency Contact

Relationship to Insured _____ First & Last Name
Home # _____ Work # _____ Cell # _____

Financial Policy

Thank you for selecting Dr. Linda McGee for your Medical Weight Loss Management. We are honored to be of service to you and your family. Please be advised that payment of all services is due at the time services are rendered. We do not bill insurance, nor do we provide any information to insurance companies for any medical weight loss services rendered at Premier Medical Weight Loss of Mississippi. For your convenience, we accept Visa, MasterCard, Discover, or cash.

I have read and understand all of the above and have agreed to these statements.

HIPPA Policy

I understand the HIPPA policy is available in the office and on the clinic web site for all patients to review.

Signature (Patient or Parent of Minor) _____

Date _____