HUNTSVILLE ENDOSCOPY CENTER

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PLEASE PRINT **PATIENT REGISTRATION** **Social Security #_____**

Full Name: _____ **Date of Birth:** _____ Age: _____

Marital Status: ☐ Single ☐ Married ☐ Legally Separated ☐ Divorced ☐ Widowed Sex: ☐ Male ☐ Female

Street Address: _____ City: _____ State: _____ Zip: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ May We Call You at Work? ☐ Yes ☐ No

Occupation: _____ Are You Self-Employed? _____ If Self – Name of Business: _____

Employer's Address: _____ How Long Employed? _____ ☐ Full Time ☐ Part Time

Are You a Student? _____ ☐ Full Time ☐ Part Time

Name of Spouse: _____ Social Security # _____ Date of Birth: _____

Spouse's Employer : _____ Occupation: _____

In Case of Emergency, Notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Have You Seen Any of Our Doctors Before? ☐ Yes ☐ No If Yes, Whom? _____

Do You Have Medical Insurance Coverage? ☐ Yes ☐ No

Primary Insurance Company _____ I.D.# _____ Group: #:_____

Subscriber's Name _____ Relationship to Patient _____

Secondary Insurance Company _____ I.D.# _____ Group: #:_____

Subscriber's Name _____ Relationship to Patient _____

If YES, Please Give ALL of Your Cards to the Receptionist, Along With Any Completed Insurance Forms.

AUTHORIZATION & ASSIGNMENT: Please Read and Sign the Following Statement:

I directly assign all medical/surgical benefits to Huntsville Endoscopy Center and understand that I am financially responsible for all charges not covered by my insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

It is customary that payment be made when the service is rendered unless prior arrangements have been made in advance. In the event of non-payment, either by my insurance or myself, I agree to pay all costs of collection, including a reasonable attorney's fee in the event it is necessary to employ an attorney to enforce any provision of this contract. I/We further agree to waiver my/our rights of exemption under the laws of the State of Alabama or of any other state.

Signature: X _____ **Date: X** _____