

LEVIN FAMILY PRACTICE, PC
PATIENT REGISTRATION FORM

Date: ____/____/20____

Patient Name: First: _____ Middle: _____ Last: _____

Male / Female Soc Sec # ____--____--____ Birthday: ____/____/____

Marital status: Single _____ Married _____ Divorced _____ Widowed _____

Employer : _____ Occupation: _____ Full-time / Part-time

CONTACT INFORMATION

Home address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Other: _____ Fax: _____

Email address: _____

Emergency contact: _____ Phone: _____ relationship: _____

INSURANCE INFORMATION--PRIMARY COVERAGE

INSURANCE CARRIER/COMPANY : _____

Policy ID # _____ Group ID _____ Amount of co-pay _____

Insured party: self if other, name: _____

Relationship: Parent _____ Spouse _____ Other: _____

Insured party DOB _____ Insured party Soc Sec # _____

Insured party address _____ City _____ State _____ Zip _____

Employer: _____ Phone: _____

Please note: Levin Family Practice, PC requires payment at time of service for total amount not covered by insurance. Co-pays must be paid at the time of service. As a courtesy we will file your Primary Insurance **only**. If you do not have insurance or if you do not have your insurance card at the time of the visit, **payment is expected at time of service**. Please note, 24 hours notice is required for cancellation of appointments without incurring a no show/late cancellation fee.

Questions regarding your insurance should be directed to the Customer Service number on your card for information regarding your specific plan. You are responsible for understanding the terms of your coverage.

By signing this form, I give Levin Family Practice, PC and its contacts consent to treat the patient listed above. In addition, I give authorization to file my insurance claims and assign benefits to Levin Family Practice, PC and agree to the above conditions.

I have been informed of the notice of Privacy Practices and had opportunity to review it.

Signature: _____ Date: _____

Guardian (if patient is a minor or unable to give consent): _____