

Pinsky Family and Sports Medicine Center

Patient Registration

Patient _____ Patient _____
Last Name _____ First Name & Initial _____
Patient _____
Address Line 1 _____
Patient _____
Address Line 2 _____
Patient _____
City _____ State _____ Zip _____
Patient _____ Employer/
Sex _____ Employed Y / N School Name _____
Patient _____ Patient _____ Patient E-mail _____
Home Phone _____ Work Phone + Ext. _____ Address _____
Patient _____ Patient _____ Patient _____
Date of Birth _____ Social Security # _____ Marital Status _____
Referring Physician _____
Patient Employer Address _____
Patient Employer City _____ State _____ Zip _____

INSURANCE INFORMATION

Insurance #1 Name _____
Insurance #2 Name _____

OUR OFFICE WILL NOT BILL MORE THAN TWO INSURANCE COMPANIES.

Authorization to release medical information to another individual:

I _____ give permission to Dr. Pinsky's office to give verbal, and or written personal health care information to _____.
X _____

RESPONSIBLE PARTY INFORMATION

Responsible Party Last Name _____ First Name & Initial _____
Sex _____ Responsible Party's Date of Birth _____
Responsible Party's Address _____
City _____ State _____ Zip _____
Responsible Party's S.S. Number _____ Responsible Party's Home Phone _____
Responsible Party's _____ Responsible Party's
Employer _____ Employer address _____
City _____ State _____ Zip _____
Responsible Party's Work Phone _____
Spouse's Name _____ Spouse's Work Phone _____

Nearest Living Relative or friend not living with you _____

Nearest Relative or Friend Phone _____

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his/her services as described, realizing I am responsible to pay non-covered services.

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the Physician to release any information acquired in the course of my treatment necessary to process insurance claims.

Signature: _____ Date: _____