SALUD MEDICAL

REGISTRATION FORM

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DATE OF BIRTH: _____ AGE: _____ SEX: MALE / FEMALE

S.S. #: _____-_____-_____

STREET ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

PHARMACY NAME/ADDRESS:_____

MARTIAL STATUS (CIRCLE ONE)

MARRIED SINGLE DIVORCED SEPERATED WIDOWED

RACE (CIRCLE ONE)

WHITE SPANISH AMERICAN INDIAN ASIAN BLACK OR AFRICAN AMERICAN

TAINO CHINESE AMERICAN INDIAN ALASKA NATIVE

OTHER PACIFIC ISLANDER OTHER RACE _____

ETHNICITY (CIRCLE ONE)

HISPANIC OR LATIN NOT HISPANIC OR LATIN CHICANO

OTHER _____ (COUNTRY OR STATE YOU IDENTIFY WITH) DECLINED TO SPECIFY

PLEASE TURN OVER TO COMPLETE

SALUD MEDICAL

EMERGENCY CONTACT

NAME OF RELATIVE OR FRIEND: _____

RELATIONSHIP TO YOU: _____ TELEPHONE NUMBER: _____

INSURANCE INFORMATION AND PATIENT CONSENT

PLEASE READ THE STATEMENT BELOW AND SIGN AND DATE AS ACKNOWLEDGMENT OF CONSENT.

OUR AGREEMENT IS WITH YOU, THE PATIENT, AND NOT YOUR INSURANCE CARRIER FOR SERVICES RENDERRED. ALTHOUGH WE WILL FILE THE CLAIM TO THE INSURANCE CARRIER FOR PAYMENT, YOU THE PATIENT, ARE ULTIMATELY RESPONSIBLE FOR THE SERVICE YOU RECEIVE AND ANY AND ALL AMOUNTS NOT COVERED OR PAID BY YOUR INSURANCE CARRIER. YOU ARE ALSO RESPONSIBLE FOR PROVIDING ANY AND ALL INFORMATION NECESSARY TO SECURE PAYMENT FOR THE VISIT. IN ADDITION, ANY AND ALL CO-PAYMENTS REQUIRED ARE DUE AT THE TIME OF SERVICE.

I AUTHORIZE SALUD MEDICAL P.C. TO FILE ALL CLAIMS WITH MY INSURANCE CARRIER, RELEASE ANY INFORMATION TO MY INSURANCE CARRIER NEEDED TO INSURE PAYMENT OF THESE CLAIMS AND THAT PAYMENT FROM THESE CARRIERS BE MADE DIRECTLY TO SALUD MEDICAL P.C. I ALSO AUTHORIZE SALUD MEDICAL HEALTHCARE PROVIDERS PERMISSION TO VIEW MY RX HISTORY. **THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.**

_____ _____

PATIENT NAME (PRINTED) **DATE OF BIRTH**

_____ _____

PATIENT SIGNATURE (RESPONSIBLE PARTY) **DATE**

PLEASE GIVE YOUR ID AND INSURANCE CARD(S) TO THE RECEPTIONIST