

**CLIENT REGISTRATION FORM** (Please Print) Today's Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
If Student, Give Name of School: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Referred By: \_\_\_\_\_  
Person to Contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Complete Next Section Regardless of Insurance Coverage:

Full Name of Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Full Name of Spouse (If Different from Insured): \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Insured's Primary Insurance Co.: \_\_\_\_\_ ID: \_\_\_\_\_  
\_\_\_\_\_  
Group: \_\_\_\_\_  
Secondary Ins. Co.: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_

**OFFICE BILLING AND INSURANCE POLICY**

I authorize use of the form on all of my insurance submissions.  
I authorize the release of information to my insurance company(s).  
I understand that I am responsible for the full amount of my bill for services provided.  
I authorize direct payment to my service provider.  
I hereby permit a copy of this to be used in place of an original.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

It is your responsibility to pay any deductible amount, co-pay, co-insurance amount or any other balance not paid by your insurance. There will be a \$25.00 service charge on all returned checks. In the event your account goes to collections, there will be a 20% collection fee added to your balance There is a 24-hour cancellation policy which requires that you cancel your appointment 24

hours in advance between the hours of 9 AM to 8 PM Monday through Friday to avoid being charged.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_