



<i>PATIENT REGISTRATION INFORMATION</i>		Date:	
Patient Name (last, first, middle):			
Address:		City/State/Zip:	
Primary Phone #:		Alternate Phone#	
Employer/ School:		Email Address:	
Date of Birth:	Age:	Gender:	Marital Status:
Social Security #:	How did you hear about us?		
Race:	Ethnicity:		
Emergency Contact Name:	Relationship:	Phone #:	
<i>INSURANCE & BILLING INFORMATION</i>			
Primary Insurance Name:		ID #:	Group #:
Policy Holder's Name:		Address/ City/ State/ Zip:	
Policy Holder's Relationship:		Policy Holder's SSN:	Policy Holder's DOB:
Responsible Party's Name:		Address/City/State/Zip:	
Relationship:	DOB:	SSN:	Phone #:
<p><u>General Consent & Financial Policies</u></p> <p>I consent to medical care at Mountain View Internal Medicine & Pediatrics. I am aware that healthcare is not an exact science. No guarantees have been made.</p> <p><i>Financial Responsibility: I understand that all co-pays and deductibles are to be paid at the time of service.</i> I agree to pay for ALL medical services provided. I understand that I may need to call my insurance company to see if they will approve and pay for the medical care. Please bill my health insurance plan as a service to me. I am aware that this does not mean that they will agree to pay for any services. I agree to pay whatever amount is not covered. I assign all of my rights and claims for payment under any health insurance plan to Mountain View Internal Medicine & Pediatrics. I appoint Mountain View Internal Medicine & Pediatrics or their agents as my "authorized representative" to act for me in getting payment for services provided. If I pay more than what I owe I agree that it can be used to pay for any unpaid bills I have. I give permission to be contacted for treatment or payment purposes via any of the telephone numbers or email addresses I have given. This includes contact with a pre-recorded message, automatic dialing system, artificial voice, email message, or text message. Contact may also be made by businesses helping my providers collect money that I owe.</p> <p><i>I understand and agree with the above information.</i></p>			
Signature _____		Date _____	