

PATIENT REGISTRATION

ID: 3685

Chart ID: _____

First Name: Test

Last Name: Test

Middle Initial: _____

Patient Is: Policy Holder

Responsible Party

Preferred Name: _____

Responsible Party (if someone other than the patient)

First Name: _____

Last Name: _____

Middle Initial: _____

Address: _____

Address 2: _____

City, State, Zip: _____

Pager: _____

Home Phone: _____

Work Phone: _____

Ext: _____

Cellular: _____

Birth Date: _____

Soc Sec: _____

Drivers Lic: _____

Responsible Party is also a Policy Holder for Patient

Primary Insurance Policy Holder

Secondary Insurance Policy Holder

Patient Information

Address: _____

Address 2: _____

City: Middleburg Heights

State / Zip: OH

44130

Pager: _____

Home Phone: _____

Work Phone: _____

Ext: _____

Cellular: _____

Sex: Male

Female

Marital Status: Married

Single

Divorced

Separated

Widowed

Birth Date: _____

Age: _____

Soc Sec: - -

Drivers Lic: _____

E-mail: drkerata@sbglobal.net

I would like to receive correspondences via e-mail.

Section 2

Section 3

Employment Status: Full Time

Part Time

Retired

EMERGENCY #
EMERGENCY NAME

Student Status: Full Time

Part Time

Credit Card

Medicaid ID: _____

Pref. Dentist: Linda Kerata

Expiration

Employer ID: _____

Pref. Pharmacy: _____

CVC

Carrier ID: _____

Pref. Hyg: _____

Primary Insurance Information

Name of Insured: _____

Relationship to Insured: Self Spouse Child Other

Insured Soc. Sec: _____

Insured Birth Date: _____

Employer: _____

Ins. Company: _____

Address: _____

Address: _____

Address 2: _____

Address 2: _____

City, State, Zip: _____

City, State, Zip: _____

Rem. Benefits: \$0.00

Rem. Deduct: \$0.00

Secondary Insurance Information

Name of Insured: _____

Relationship to Insured: Self Spouse Child Other

Insured Soc. Sec: _____

Insured Birth Date: _____

Employer: _____

Ins. Company: _____

Address: _____

Address: _____

Address 2: _____

Address 2: _____

City, State, Zip: _____

City, State, Zip: _____

Rem. Benefits: \$0.00

Rem. Deduct: \$0.00