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Patient Registration

Last Name: _____ **First:**_____ **MI:** _____

Address:_____
City:_____ **Zip:** _____ **State:** _____

Home Phone: ( )_____ **Work Phone ( )**_____
Cell Phone: ( )_____ **Email: (please capitalize)**_____

Social Sec. #: _____ **Employed:** ☐ **Yes** ☐ **No**
Date of Birth: _____ **Sex :** ☐ **F** ☐ **M**

Marital Status: ☐ **Married** ☐ **Single** ☐ **Other** **Student :** ☐ **Yes** ☐ **No**
Employer : _____ **Phone:** _____

By a mandate from the Federal Government (www.whitehouse.gov/omb/inforeg_statpolicy/#dr), we are obliged to collect the following data on all our patients. Please circle the appropriate answer:

A. Your Race: 1. American Indian, 2. Asian, 3. Black or African American, 4. Native Hawaiian, or 6. White.

B. Your Ethnicity: 1. Hispanic or Latino, or 2. Not Hispanic or Latino

C. Your language preference: 1. Arabic, 2. Chinese, 3. English, 4. Farsi, 5. Hindi, 6. Spanish, or 7. Other:_____

Preferred method for receiving information and reminders from our office: ☐ **Mail** ☐ **E-Mail** ☐ **Patient Portal**

In case of emergency, contact: _____ **Phone:** _____

Primary Physician: _____ **Referred By:** _____

INSURANCE SUBSCRIBER

☐ **Check here if same as Patient, or complete below:**

Name : _____
Address: _____ **City:** _____

Home Phone: _____ **Zip:** _____ **State:**_____
Work Phone: _____ **Date of Birth:** _____ **Sex :** ☐ **F** ☐ **M**

Social Sec. #: _____ **Employer:** _____ **Phone:** _____
Insured (relation to Pt.): ☐ **Spouse** ☐ **Patient** ☐ **Other:** _____

I directly assign all medical/surgical benefits to the doctor and understand that I am financially responsible for all charges whether or not paid by my insurance company. Dr. Balaa and his agents assure individual patient confidentiality, but in the event certain information is requested to secure payment benefits, I authorize the release of my particular patient information. I understand that any other requests for patient information must be approved by me in advance in writing. I further agree that a photocopy of this agreement shall be as valid as the original.

Signature: _____ **Date:** _____