

****Please review and update the information below to the best of your ability.****

Patient Registration

CURRENT PATIENT INFORMATION -- PLEASE PRINT

Guarantor Information (to whom statements are sent)

Last Name:
 First Name:
 Middle Name:
 Address:
 City: State:
 Zip:
 Home Phone:
 Work Phone:
 Mobile Phone:
 Sex:
 Date of Birth:
 Social Security No.:
 Race:
 Marital Status:
 Patient email:

Name:
 Address:
 Relationship to patient:
 Date of Birth:
 Social Security No.:
 Phone:

Emergency Contact Information

Name:
 Relationship:
 Phone:
 Mobile Phone:
***Cheyenne Women's Clinic may discuss my care or give appointment information to:** _____
 Relationship: _____

Primary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

Policy Information

Last Name:
 First Name:
 Middle Name:
 Address:
 City: State: Zip:
 Date of Birth: Sex (please circle): **M** or **F**
 Employer Name:

Patient's relationship to policy holder:
 ID/Certification No.:
 Policy/Group No.: .:

Secondary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

Policy Information

Last Name:
 First Name:
 Middle Name:
 Address:
 City: State: Zip:
 Date of Birth: Sex (please circle): **M** or **F**
 Employer Name:

Patient's relationship to policy holder:
 ID/Certification No.:
 Policy/Group No.: .:

ASSIGNMENT AND RELEASE:

- I hereby assign my insurance benefits to be paid directly to the physician.
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance.
- I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan.
- I authorize the physician to release any medical information required to process this claim.
- I authorize my provider's office to contact me by telephone to remind me of my appointments.
- I understand that a \$30.00 fee will apply if I have not notified Cheyenne Women's Clinic 24 hours in advance of changing or cancelling my appointment.

Signed _____ Date: _____