KACHINA FAMILY MEDICINE PATIENT REGISTRATION – Please Print Clearly

Patient Information

Full Name: ______________________________ Today's Date: __________
Last *First* *MI*

Home Phone: ______________ Cell Phone: ______________ ☐ Male ☐ Female

Address: ______________________ City, State, Zip: ______________

Email: ______________________ SSN: ______________ Birthdate: __________

Marital Status:	☐ Minor ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced
Preferred Language:	☐ English ☐ Spanish ☐ Other:
Race:	☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander
Ethnicity:	☐ Hispanic/Latino ☐ Not Hispanic/Latino

Insurance Information

Primary Insurance Name: ______________________________

Subscriber Name (Last, First, MI): ______________________ Birthdate: __________

SSN: ______________ ☐ Male ☐ Female Relationship to Patient: __________

Secondary Insurance Name: ______________________________

Subscriber Name (Last, First, MI): ______________________ Birthdate: __________

SSN: ______________ ☐ Male ☐ Female Relationship to Patient: __________

Employment Information

Employer Name: ______________________ Employer Phone: __________

Street Address: ______________________ City State, Zip: __________

Emergency Contact

Name: ______________________ Relationship to Patient: __________

Primary Phone: ______________________ Alternate Phone: __________

Release of Benefits and Information

I attest that the above information is correct to the best of my knowledge. I authorize the release of any medical or other information necessary to process my claim. I authorize payment of insurance benefits to my physician for all services rendered. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered or fees associated with my care.

Patient Signature: ______________________________ Date: __________

Parent/Guardian (if minor): ______________________________ Date: __________

Please provide insurance card(s) and picture ID to the front desk