

BETTER WOMEN'S CARE

Patient Registration

Patient Information

Referred By:

Patient's First Name		Middle Initial	Last Name		
Social Security Number		Date of Birth	Marital Status	Race <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino
Address			City	State	Zip
Home Phone	Cell Phone		Email Address		Communication Preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Primary Care Physician			Primary Care Physician Phone #		
Pharmacy	Pharmacy Phone #		Pharmacy Address		

Patient Employer/School Information

Employer/School		Occupation	Employer/School Phone #		
Employer/School Address			City	State	Zip

Emergency Contact Information

Emergency Contact Name	Emergency Contact #	Relationship to Patient
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Billing and Insurance

Primary Health Insurance					
Insurance Company		Contract ID#		Group#	
Subscribers Name		Subscribers Date of Birth		Relation to Patient	
Secondary Health Insurance					
Insurance Company		Contract /ID #		Group#	
Subscribers Name		Subscribers Date of Birth		Relation to Patient	

Insurance Waiver

- * It is YOUR responsibility to know your medical coverage. The physician's and staff of Better Women's Care are not responsible for knowing your benefits. By signing this waiver, you agree to pay for any uncovered services.
- * I understand that certain medical insurance carriers (Medicare, BCBS of Michigan, and other commercial carriers) are likely to deny payment for certain tests or procedures or have guidelines on how often they can be performed. If my medical insurance carrier denies payment, I agree to be personally and fully responsible."
- * I agree to the release of medical and other information to my insurance company for the review of my coverage and/or processing of claims for services rendered to me.
- *An Advance Directive is a document that states how you want medical decisions made if you lose the ability to make them for yourself. There are two types of Advance Directives: Durable Power of Attorney for Health Care and Living Wills.
Do you have an Advance Directive? Yes No

Patient Signature

Date