

# NANCY NEIGHBORS M.D.

Registration Information  
(Please Print)

**Patient Name** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Generation: \_\_\_\_\_ (Sr. Jr. III) Name you go by if different from above: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_ Communication Preference: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Decline to give information on ethnicity/race:

## ***Emergency Contact Information:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Primary Insurance:** Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Cardholder:** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Employer: \_\_\_\_\_

**Secondary Insurance:** Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Cardholder:** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Employer: \_\_\_\_\_

Please give your insurance cards to the receptionist to scan; it is the policyholder's responsibility to insure accurate information for billing. Our office policy requires **COPAYS TO BE PAID AT THE TIME OF SERVICE**. By signing below, you are authorizing our office to file insurance services rendered and those fees to be paid directly to the physician, which may include releasing information required to process claims. The patient is responsible for any amount not covered by insurance, guarantees the information on this form to be correct, and understands that it is their responsibility to notify this office of any changes in information.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_