



REGISTRATION FORM

Today's Date:				Primary Care Physician:			
PATIENT INFORMATION							
Patient Name: [Last]		[First]		[Middle Initial]		Marital Status:	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, What is your legal name?	Former Name:	Birth date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address: [Address/P.O Box, City, State, Zip Code]							
Social Security #:		Home phone #:		Cell phone #:			
Occupation:		Employer:		Employer phone #:			
EMAIL:							
Chose clinic because/referred to clinic by (please choose one option): <input type="checkbox"/> Physician _____ <input type="checkbox"/> Other: _____							
Other family members seen here: (Other patients)							
INSURANCE INFORMATION (Please give your insurance card to the receptionist)							
Person Responsible for bill: (Responsible party)		Birth date:		Address: (if different)		Home phone #:	
Is this person a patient here?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is this patient covered by insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:		Employer:		Employer address:		Employer phone #:	
Please indicate primary insurance:							
Subscriber's name:		Subscriber's S.S. #:		Birth date:		Group Number:	
						Policy Number:	
						Co-payment:	
Patient's relationship to subscriber:							
Name of secondary insurance: (if applicable)		Subscriber's Name:		Subscriber's S.S. #:		Group Number:	
						Policy Number:	
Patient's relationship to subscriber:							
EMERGENCY CONTACT:				Relationship to patient:		Home phone #:	
						Work phone #	
The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to Fyzical. I understand that I am financially responsible for any balance. I also authorize Fyzical or insurance company to release any information required to process my claims.							
Patient/Guardian Signature				Date			

To e-mail by pressing "E-Mail" button, you will need desktop application such as Outlook or Mail.
 You can also save the PDF and send as an attachment to mbarbour@fyzicalnebraska.com or kfaust@fyzicalnebraska.com.