



(307) 682-7555
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Gillette, WY, 82718
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PATIENT REGISTRATION

HOW WERE YOU REFERRED TO OUR OFFICE?

DATE _____

- Dr. _____ Yellow Pages
- Previous Patient _____ Newspaper
- Emergency Room Other _____ Radio

PATIENT'S NAME _____ SSN _____

Date of Birth _____ Sex _____ Marital Status _____

Street _____ City, State, Zip _____ Age _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Local Friend _____ Phone _____

RESPONSIBLE PARTY _____ SSN _____

Address _____

Employer _____ Occupation _____

Spouse's Name _____ Spouse's Work Phone _____

Spouse's Employer _____ SSN _____

INSURANCE INFORMATION (Must be completed for all office visits)

Medicare Number _____ Medicaid (Title XIX) Number _____

Primary insurance Co. Name _____

Name of Insured _____ SSN _____

List All Numbers on Card _____

Secondary Insurance Co. Name _____

Name of Insured _____ SSN _____

List All Numbers on Card _____

Work Related? Date of Injury _____ in _____ Country

Employer _____

Phone _____

Address _____

Nature of Injury _____

I hereby authorize my physician and his/her employees to furnish all information to my insurance carrier(s)/responsible party concerning my medical condition, including but not limited to this particular illness, accident and/or office visit. My signature hereon constitutes an irrevocable assignment to my doctor of all payments for medical services rendered now or hereinafter if monies remain due from any subsequent treatments/services. I understand that regardless of any third-party payors (including insurance carriers and "responsible parties") who may have an obligation to reimburse me, I am fully and solely responsible for all charges, whether or not the third-party payor performs. Therefore, I agree to pay all reasonable costs of collection including but not limited to attorney's fees, pre- and post-judgement interest, if this matter is processed through court action. Finally, I agree that all sums owing for a period greater than 30 (thirty) days shall bear interest at the rate of 18% per annum, compounded monthly.

THIS IS A LEGAL AGREEMENT. BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS.

SIGNATURE _____