APPLEGATE MEDICAL ASSOCIATES

689 E 19th Ave
Eugene, OR 97401

PHONE 541-868-1876
FAX 541-868-0932

PATIENT REGISTRATION

Patient Name _____ Birthdate_____

Sex: M F Social Security Number_____

Street Address: _____ Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____cell / home / work; _____cell / home / work

Email: _____

Preferred language_____ Preferred Pronouns: He / She / they Marital Status: M W D S

Race: _____ Ethnicity: _____ Employer:_____

To establish with: _____PCP_____ Behavioral Health Referred by: _____

Emergency Contact Name: _____ Telephone: _____ Relation:_____

Preferred Pharmacy _____ Special Needs _____

Responsible Party (Person responsible for payment) Self Spouse Parent Other

Name of Responsible Party if other than Self) _____

Address: _____

City _____ State: _____ Zip Code: _____

Primary Medical Insurance: _____ Insured party: Self Spouse Parent Other

ID# _____ SocSec# _____ Group/Plan # _____

Name of Insured (if other than Self) _____

Ins. Address: _____ City _____ State _____ Zip Code _____

Secondary Medical Insurance: _____

Insured party: Self Spouse Parent Other ID# / SocSec# _____ Group/Plan# _____

Name of Insured (if other than Self): _____

Ins. Address _____ City _____ State _____Zip Code _____

PERMISSION TO RELEASE INFORMATION & ASSIGNMENT

I hereby authorize Applegate Medical Associates to furnish to the insurance company or other payer, or their representatives, or either myself or the subscriber, or to the referring physician all medical or financial information which may be requested concerning the patient's present illness, injury or condition.. 1 hereby authorize my insurance benefits be paid directly to Applegate Medical Associates, and I understand that I am financially responsible for non-covered services. I understand that it is my responsibility to determine if my physician is a member of my insurance plan.

_____ _____ _____
Patient Signature Parent/Guardian Signature Date

_____ _____ _____
Patient Signature Parent/Guardian Signature Date