

PATIENT INFORMATION			PRIMARY POLICYHOLDER'S INFORMATION	
NAME			NAME	
SS# / /	EMAIL		DATE OF BIRTH	
STREET ADDRESS			SS#	
MAILING ADDRESS		COUNTY	PHONE #	
CITY & STATE	AGE	ZIP	POLICYHOLDER'S EMPLOYER INFORMATION	
PHONE	CELL PHONE ()		EMPLOYER	
DATE OF BIRTH / /	SEX: M/F MARITAL STATUS: S M W D		STREET ADDRESS	
PATIENT'S EMPLOYER INFORMATION			MAILING ADDRESS	
EMPLOYER			CITY & STATE	ZIP
STREET ADDRESS			FULL TIME [] PART TIME []	
MAILING ADDRESS			POLICYHOLDER'S MAILING ADDRESS (IF DIFFERENT)	
CITY & STATE		ZIP	ADDRESS	
WORK PHONE #			CITY & STATE	
FULL TIME [] PART TIME []			ZIP	
PERSON RESPONSIBLE FOR BILL/GUARANTOR			PHONE #	
NAME			SECONDARY POLICYHOLDER INSURANCE	
SS#			PATIENT'S RELATIONSHIP TO POLICYHOLDER	
STREET ADDRESS			NAME	
CITY & STATE		ZIP	DATE OF BIRTH	
DATE OF BIRTH / /			SS#	
PHONE #			PHONE #	

IF PATIENT IS A MINOR				
MY CHILD _____ HAS MY PERMISSION TO BE TREATED IN MY ABSENCE AT Regional Physicians Network. I APPOINT _____ TO ACCOMPANY MY CHILD FOR MEDICAL TREATMENT IN MY ABSENCE				
EMERGENCY CONTACT				
NAME		RELATIONSHIP	HOME PHONE #:	OTHER PHONE#
PREFERRED METHOD OF CONTACT				
How would you like to be contacted regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at our Regional Physician's Network? PLEASE WRITE IN THE PHONE #				
ANY METHOD:	HOME PHONE:	WORK PHONE:	CELL PHONE:	
Okay to leave message on answering machines __ Y __ N (PLEASE CHECK ONE)				
HIPAA PRIVACY RELEASE				
NAME/RELATIONSHIP		PHONE:	NAME/RELATIONSHIP	
NAME/RELATIONSHIP		PHONE:	NAME/RELATIONSHIP	
I authorize the person(s) listed above to receive all health information about appointments, treatment &/or other information pertinent to my healthcare &/or payment for my healthcare provided at RPN Locations. I acknowledge receipt of the RPN Financial Policy and Patient Responsibilities.				
I DO NOT AUTHORIZE ANY INFORMATION TO BE DISCLOSED TO ANY OTHER PARTIES EXCEPT TO ME AS THE PATIENT.				
INITIAL HERE				
PATIENT SIGNATURE			DATE	