GREEN MOUNTAIN GASTROENTEROLOGY
PATIENT REGISTRATION FORM

PATIENT INFORMATION:

LAST NAME ______________________ FIRST NAME ______________________

MAILING ADDRESS ______________________

CITY ______________________ STATE __________ ZIP CODE __________

E-MAIL ADDRESS ______________________

MAIN PHONE ______________________ OTHER PHONE ______________________

DATE OF BIRTH __________ SOCIAL SECURITY # ______________________ GENDER: M or F

MARITAL STATUS __________ REFERRED BY ______________________

EMPLOYER INFORMATION:

EMPLOYER NAME ______________________ WORK PHONE ______________ EXT ______

ADDRESS ______________________ CITY ______________ STATE _____ ZIP CODE ________

EMERGENCY CONTACT INFORMATION:

NAME ______________________ PHONE ______________ RELATIONSHIP __________

BILLING ADDRESS IF DIFFERENT OR LIST SEASONAL ALTERNATE ADDRESS:

NAME OF RESPONSIBLE PARTY (if other than self) ______________________

ADDRESS ______________________ CITY ______________ STATE _____ ZIP CODE ________

PHONE ______________________ RELATIONSHIP ______________________

ONE TIME AUTHORIZATION FOR MEDICARE AND THIRD PARTY INSURANCE CARRIERS

I authorize the release of any medical information necessary to determine my benefits and to process any claim for services provided.	I authorize CMS or my insurance carrier to forward payment for medical benefits for all services provided to my physician or medical group.
Signature ______________________	Signature ______________________
Date ______________________	Date ______________________

INSURANCE INFORMATION:

SUBSCRIBER DATE OF BIRTH (IF OTHER THAN SELF) ______________________

1ST INSURANCE ______________________ ID # ______________ GROUP # __________

SUBSCRIBER NAME ______________________ RELATIONSHIP ______________ **CO-PAY $** ________

2ND INSURANCE ______________________ ID # ______________ GROUP # __________

SUBSCRIBER NAME ______________________ RELATIONSHIP ______________ **CO-PAY $** ________

IS CONDITION RELATED TO EMPLOYMENT? Y / N AUTO ACCIDENT? Y / N OTHER ACCIDENT? Y / N