

PLEASE COMPLETE ALL SECTIONS

M.P. VEERA, M.D., P.A.

PATIENT REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ MIDDLE _____

MAILING ADDRESS _____

HOME ADDRESS _____

Street City State Zip Code

HOME/CELL PHONE _____ WORK PHONE _____

RACE: (PLEASE CIRCLE ONE) NATIVE AMERICAN ASIAN PACIFIC ISLAND CAUCASIAN/WHITE HISPANIC
AFRICAN AMERICAN **PREFERRED LANGUAGE:** (PLEASE CIRCLE ONE) ENGLISH SPANISH GERMAN

ETHNICITY: (PLEASE CIRCLE ONE) HISPANIC NON-HISPANIC

ARE YOU CURRENTLY EMPLOYED? YES NO RETIRED? YES NO DISABLED? YES NO

EMAIL ADDRESS _____

SS# _____ BIRTHDATE _____ MARITAL STATUS _____

REFERRING PHYSICIAN _____

PRIMARY CARE PHYSICIAN _____

PRIMARY INSURANCE COMPANY NAME _____

NAME OF INSURED AND RELATION TO PATIENT _____

INSURED'S ID NUMBER _____ BIRTHDATE _____

GROUP NAME AND NUMBER _____

SECONDARY INSURANCE COMPANY NAME _____

NAME OF INSURED AND RELATION TO PATIENT _____

INSURED'S ID NUMBER _____ BIRTHDATE _____

GROUP NAME AND NUMBER _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF AN EMERGENCY:

I agree to pay all co-payments, coinsurance, and deductibles at the time the service is rendered, and I give consent to be contacted via home and/or cell phone numbers provided to collect any un-paid balances.

I hereby authorize payment of medical benefits billed to my insurance to M.P. VEERA, M.D., P.A., and accept responsibility of payment for any service(s) provided to me that is not covered by my insurance. I also accept responsibility for fees that exceed the payment made by my insurance if the Practice does not participate with my insurance. In some cases, a screening colonoscopy office visit may generate other non-screening diagnostic procedures that are not covered under your wellness benefits. For any kind of laboratory services, it is my responsibility to provide you with the name of the lab that my insurance participates with. Otherwise an AnMed Laboratory form will be provided which may or may not be covered by your insurance.

Signature of Patient/Guardian _____ Date _____