Heinrich Schettler, M.D.

Patient Registration Form

Welcome to our practice . Please complete the information below. ***MR#***

Patient's Full Name (First – Middle – Last)	Sex: M [ ] F [ ]	Patient's Birth Date _____/_____/______ Age_________	Marital Status: Single [ ] Married [ ] Widowed [ ] Divorced [ ]
Residence Address City State Zip		Home Phone:	Patient's Social Security #
Name of Employer / Occupation Address		Business Phone	Cell Phone

Name of Spouse / Partner/Parent	Birth date	Business Phone	Social Security # (SSN)

Patient Email Address:	Other family members seen here:

Person to contact in case of emergency	Relationship to patient	Phone

Race:	American Indian☐ Asian ☐ Native Hawaiian/Pacific Islander☐ Black or African American☐ White☐ Hispanic ☐ Other Race ☐________________ Prefer not to answer ☐	**Ethnicity**:	Hispanic or Latino Origin ☐ Not of Hispanic or Latino Origin ☐ Prefer not to answer☐	**Preferred Language:**

Primary Insurance Company	Policy ID #	Group / Plan #	Ins Phone Number
Is insurance through your employer? [ ] Yes [ ] No	Employer Name	Employer Address	
Subscriber Name – Policy Holder	Policy Holder Birth Date	Policy Holder SSN	Relationship to Patient

Secondary Insurance Company	Policy ID #	Group / Plan #	Ins Phone Number
Is insurance through your employer? [ ] Yes [ ] No	Employer Name	Employer Address	
Subscriber Name – Policy Holder	Policy Holder Birth Date	Policy Holder SSN	Relationship to Patient

Private Insurance Authorization for Assignment of Benefits and Information Release: I, the undersigned, authorize payment of medical benefits to Heinrich Schettler, M.D., P.A. for any services furnished me by the physician from this day forward. I understand that I am financially responsible for any amount not covered by my contract. I also authorize you to release to my insurance company or their agent information concerning health care, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims of benefits.

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Patient, Parent or Guardian Signature (if child is under 18 years old) Date