524 Zeagler Drive
Palatka, Florida
(386) 385-3857 fax (386) 530-2052
HyperbaricsPalatka@gmail.com
NPI#1518518042

PATIENT REGISTRATION

HHSP ID: _____ Medicare Beneficiary Identifier (MBI): _____Date: _____

Patient Name: _____ Date of Birth: _____ Sex:_____ Age:_____

Home Address:_____City:_____

State:_____ Zip Code: _____ Email:_____

Billing Address (if different):_____City:_____

State: _____ Zip Code: _____ Social Security#: _____

Home Phone#:_____Cell Phone#:_____Work Phone#:_____

Occupation: _____ Employer: _____

Work Phone#: _____ Work Email#: _____

Emergency Contact Name: _____ Emergency Phone#: _____

Primary Insurance: _____ Group#: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Insured's ID# _____

Secondary Insurance: _____ Group#: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Insured's ID# _____

Primary Care Physician: _____ Date Last Visited PCP: _____

PCP Phone#: _____PCP City & State: _____

Reason for last PCP visit: _____

Referring Physician: _____ Referring Physician Phone#: _____

Reason for Referral:

Please return to HHSP via fax, email or delivery.