

**Lawrence J. Budner, M.D., F.A.A.C.A.P., F.A.P.A.**  
2101 N. Main St., Suite D, Santa Ana, CA 92706

REGISTRATION

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_

ADDRESS:  
STREET \_\_\_\_\_ APT. \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (ok to leave message?)

HOME

CELL

WORK

PATIENT \_\_\_\_\_ Y N \_\_\_\_\_ Y N \_\_\_\_\_ Y N

MOTHER \_\_\_\_\_ Y N \_\_\_\_\_ Y N \_\_\_\_\_ Y N  
(if patient is a minor)

FATHER \_\_\_\_\_ Y N \_\_\_\_\_ Y N \_\_\_\_\_ Y N  
(if patient is a minor)

OTHER \_\_\_\_\_ Y N \_\_\_\_\_ Y N \_\_\_\_\_ Y N

INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY ADDRESS \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS OF SUBSCRIBER (if different from patient's) \_\_\_\_\_

IDENTIFICATION # \_\_\_\_\_ GROUP # \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCOUNT \_\_\_\_\_

DO YOU HAVE SECONDARY INSURANCE? Y N

(If you have secondary insurance, please write the same information on the back of this page.)

ASSIGNMENT OF BENEFITS

I agree to assign to Dr. Budner all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. Dr. Budner may use health care information and may disclose such information to the above named insurance company(ies) and their agents, for the purpose of obtaining payment for services and determining insurance benefits for the benefits payable for related services. The consent will end when my current treatment is completed.

I acknowledge that I have read and agreed to Dr. Budner's Office Policies. I also acknowledge that I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

SIGNATURE OF PATIENT, PARENT, OR  
GUARDIAN \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_ RELATIONSHIP TO PT. \_\_\_\_\_

