WELCOME

TO OUR OFFICE

VALLEY HEALTH CLINIC, INC

Please take a few minutes to fill out this registration form to better serve your medical care, thank you.

Patient Information

Today's Date: / / . Social Security Number: - - .Date of Birth : / / .
Name: Home Phone Number:( ) -
Address: Mobile Number:( ) -
City: State: Zip Code : **E-mail**:
Sex: ☐M ☐F | Age: |Marital Status: ☐ Married☐ Single | Name of Spouse:
Who can we thank for reccomending you?:
Who can we contact in case of an emergencey?: Phone Number :( ) -
What is your preffered pharmacy?

Responsible Party

Do you have medical insurance?: ☐ yes ☐ no Name of insurance:
Is the patient the primary of the insurance: ☐ yes ☐ no Name of the insured person:
Date of birth : / / Work Name : Social Security Number : - -

Authorization of Benefits

I request that payments made on my behalf to go to Valley Health Clinic, Inc., for any medical service and also authorize the release of medical information to these services when required by my insurance carrier , even the insurer indicated above, to determine eligibility Portability benefits under Medicare and Accountability Act of 1996 (HIPAA)

SIGNATURE DATE

Patient Personal Information

I AUTHORIZE the persons listed below to recieve my medical information ☐ Ok to leave voicemail
Full Name: Relation: Full Name: Relation:

COLLECTION POLICY

In the event that my account is not paid, I agree to pay collection costs and/or a reasonable contracted lawyer to collect this amount. I understand that an additional charge of $ 15.00 can be added when co-payment is not made at the time of service. A $10.00 fee will be added to cover the cost of billing accounts that exceed 60 days from the date of service. Those exceeding 90 days of the date of declaration are susceptible to an interest of 1%. Cancellations are to be requested 24 hours before the appointment. There will be charge of $ 25.00 for late cancellations or missed appointments. There is a charge of $ 40.00 for returned checks. I understand that if I do not keep my account up to date it can result that Valley Health Clinic, Inc. will not provide additional services unless it is a serious emergency if necessary. Valley Health Clinic, Inc will notify me in writing.

SIGNATURE DATE