



PATIENT REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____
GENDER: M F DATE OF BIRTH: _____ SSN: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ E-MAIL: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
RACE: CAUCASIAN HISPANIC AFRICAN-AMERICAN PACIFIC ISLANDER
AMERICAN INDIAN ASIAN OTHER: _____
PRIMARY LANGUAGE: _____
MARITAL STATUS: Married Single Divorced Widowed/er
HOW DID YOU HEAR ABOUT SAGE? _____
EMPLOYER NAME: _____ EMPLOYER PHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME: _____ PHONE: _____ RELATION: _____

GUARANTOR INFORMATION (ONLY IF PATIENT IS UNDER 18 YEARS OF AGE)

LAST NAME: _____ FIRST NAME: _____
GENDER: M F DATE OF BIRTH: _____ SSN: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ E-MAIL: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

*** BY SIGNING THE REGISTRATION FORM, YOU AGREE TO THE ITEMS BELOW***

- Appointment cancellations OR rescheduling requires 1 business day notice. Failure to do so will result in a \$25 charge for routine appointments and a \$50 charge for annual physicals.
- Copays, coinsurance, deductibles, and self-pay are due at the time of service
- In cases of shared custody, the accompanying adult is responsible to pay the child's copay, or any other fees due at the time of service.
- The subscriber/legal guardian is completely responsible for the full balance, even if insured, until the charges have been paid in full by the insurance company or guarantor.
- After 3 no shows to your appointments, you will be discharged from our practice
- We expect payment on your account if there is a balance of over \$200 prior to be seen
- If payment on your account is not made after three billing cycles, your account will be turned over to collections.

I apply for and voluntarily consent to examination and treatment performed at Sage Family Medicine.

I authorize the release of all information to my insurance carrier in order to process claims. I also authorize the insurance to issue payment directly to my provider.

PATIENT/GUARANTOR/LEGAL GUARDIAN

DATE