

Registration

Lone Star Ear Nose & Throat Care, PA

Last Name:		First Name:		Middle:	Social Security:	
Nickname:		Birthdate:	Age:	Gender:		Marital Status:
Address:			Address 2:	City:		State: Zip Code:
Home:		Cell:	Work:	Email:		

Employer Name and Address:			Occupation:	Preferred form of communication:		
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Emergency Contact:			Emergency Contact Phone Number:			
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Pharmacy:			Pharmacy Phone Number:			
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Family Physician:			Referring Physician:			
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Medical Insurance	Policyholder	Relationship	Policy ID	Group ID	Employer/Exchange/Personal
1.					
2.					

How did you hear about us?

Guarantor (Person to be billed, if different than patient) Policyholder

Last Name:		First Name:		Last Name:		First Name:	
Middle:	Gender:	Marital Status:	Birthdate:	Middle:	Gender:	Marital Status:	Birthdate:
Social Security:		Home:	Cell:	Social Security:		Home:	Cell:
Email:		Employers Name:		Email:		Employers Name:	
Address:			Occupation:	Address:			Occupation:
City:		State:	Zip Code:	City:		State:	Zip Code:

HIPAA Approved Contacts

1. Last Name:		First Name:		Middle:	Gender:	Birthdate:	
Social Security #:		Relationship:	Home:	Cell:	Work:		
Address:				City:		State:	Zip Code:
2. Last Name:		First Name:		Middle:	Gender:	Birthdate:	
Social Security #:		Relationship:	Home:	Cell:	Work:		
Address:				City:		State:	Zip Code:

Patient's Or Authorized Person's Signature

I have read, understand, and agree to the financial policy for Lone Star Ear, Nose, and Throat Care. I agree that changes not covered by my insurance company and all applicable copayments and deductibles are my responsibility. I understand that payment is due at the time of service.
 I hereby give my consent to be examined and treated.
 I assign directly to Lone Star Ear, Nose, and Throat Care, or Dr. Mark Bickert, all medical benefits otherwise payable to me for services rendered.
 I authorize Lone Star ENT to release all information necessary to secure payment of benefits and to use my signature on all my insurance submissions.
 I acknowledge receipt of the Notice of Privacy Practices, as required by HIPAA.

Signature: X	Signature Date:	Lone Star Ear Nose & Throat Care, PA 4320 Windsor Centre Trail, Suite 200 Phone: 972-691-0368 Flower Mound, TX 75028 Fax: 972-691-9333	
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