100 US Highway 46 East, Building B Suite 204, Mountain Lakes, NJ 07046 Phone (973)917-3200 Fax (973)917-3201

NO APPOINTMENTS NECESSARY OPEN: MON. 8AM-8PM, TUES-THUR. 8AM-6PM, FRI 8AM-3PM, SAT & SUN 9AM-2PM

PATIENT REGISTRATION FORM

Today's date: / / .

Name:	**Last:**	**First:**	**M.I.**	
Address:	**Street:**		**Marital Status:**	
	Town:	**State:**	**Zip Code:**	
	Home phone #:	**Mobile Phone #:**	**Preferential contact #:**	

Date of Birth:	**Age:**	**Sex:**	**Email Address:**	**Social Security #:**
Occupation:		**Employer:**		**Employer Phone #:**
Name of POLICYHOLDER (if patient is a minor):			**POLICYHOLDER'S D.O.B**	**POLICYHOLDER'S SS#:**
How did you hear of us:			**Ethnicity:**	**Language:**
In Case of Emergency:	**Name of Local Relative or Friend:**		**Relation to Patient:**	**Phone #:**
Pharmacy Name:			**Allergies:**	
Current medications:				
Medical Conditions:				

Authority to obtain medication history?(circle one	**May we obtain vaccine history from NJIIS?**
Yes No	**Yes No**

Financial Policy: Payment for today's visit is expected at the time of service (whethe

participate in your insurance plan, or the full visit if we're not in your plan). MLMC's office visits start at $110 and are based on the level of service provided. Any additional procedures or lab tests will be additional fees. Any fees not covered by insurance are the patient's responsibility.

Please indicate your method of payment for today's visit: **[ ] Cas [ ] Credit Card**

***Please note, we DO NOT accept checks.**

IT IS THE RESPONSIBILITY OF THE PATIENT TO KNOW IF OUR OFFICE PARTICIPATES IN

YOUR INSURANCE PLAN

Signature: