



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 9AM-2PM

## PATIENT REGISTRATION FORM

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

<b>Name:</b>	<b>Last:</b>		<b>First:</b>		<b>M.I.</b>
	<b>Street:</b>				<b>Marital Status:</b>
<b>Address:</b>	<b>Town:</b>		<b>State:</b>	<b>Zip Code:</b>	
	<b>Home phone #:</b>		<b>Mobile Phone #:</b>	<b>Preferential contact #:</b>	
<b>Date of Birth:</b>	<b>Age:</b>	<b>Sex:</b>	<b>Email Address:</b>		<b>Social Security #:</b>
<b>Occupation:</b>		<b>Employer:</b>		<b>Employer Phone #:</b>	
<b>Name of POLICYHOLDER (if patient is a minor):</b>		<b>POLICYHOLDER'S D.O.B</b>		<b>POLICYHOLDER'S SS#:</b>	
<b>How did you hear of us:</b>			<b>Ethnicity:</b>	<b>Language:</b>	
<b>In Case of Emergency:</b>	<b>Name of Local Relative or Friend:</b>	<b>Relation to Patient:</b>	<b>Phone #:</b>		
<b>Pharmacy Name:</b>			<b>Allergies:</b>		
<b>Current medications:</b>					
<b>Medical Conditions:</b>					
<b>Authority to obtain medication and medical history? (CIRCLE ONE)</b>					
Yes			No		
<p><b>Financial Policy:</b> Payment for today's visit is expected at the time of service (whether it's your co-pay if we participate in your insurance plan, or the full visit if we're not in your plan). MLMC's <b>office visits start at \$125</b> and are based on the level of service provided. Any additional procedures or lab tests will be <b>additional fees</b>. Any fees not covered by insurance are the patient's responsibility.</p> <p>***Please note, we DO NOT accept checks.***</p> <p><b>IT IS THE RESPONSIBILITY OF THE PATIENT TO KNOW IF OUR OFFICE PARTICIPATES IN YOUR INSURANCE PLAN.</b></p> <p><b>Signature:</b></p>					