



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: MONDAY THROUGH FRIDAY 8AM-6PM, SATURDAY 8AM-2PM

PATIENT REGISTRATION FORM

Today's date: ____ / ____ / ____ .

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

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

Medical Conditions:

Authority to obtain medication and medical history? (CIRCLE ONE)

Yes

 No

Financial Policy: 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 **office visits start at \$125** 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 note, we DO NOT accept checks.

IT IS THE RESPONSIBILITY OF THE PATIENT TO KNOW IF OUR OFFICE PARTICIPATES IN YOUR INSURANCE PLAN.

Signature: