

NORTHWEST SURGERY CENTER PATIENT REGISTRATION

Please print and complete all information on this form

PATIENT-This section refers to PATIENT ONLY

Name _____ Age _____ Date of Birth _____
SS No. _____ Sex (Circle one) Male Female
Marital Status (Circle one) Single Married Divorced Widowed Maiden Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Relationship _____ Phone _____

I hereby authorize Northwest Surgery Center to furnish my insurance carrier all information that my insurance company may request concerning my illness or injury. I hereby assign to Northwest Surgery Center all sums which are now payable or may hereafter become payable to me from the above insurance company and/or surgical expenses incurred by me and understand that I am legally responsible for any charges made by the above for medical and/or surgical services rendered to me which are in excess of the sums covered by this assignment. I hereby understand that any sums made payable to me by the insurance company and not returned to Northwest Surgery Center after 30 days upon receipt, my account will be referred to a collection agency for payment and or legal action.

PATIENT OR GUARANTOR'S

SIGNATURE _____ DATE _____

I hereby authorize Dr. Brant McCartan to furnish my insurance carrier all information that my insurance company may request concerning my illness or injury. I hereby assign to Dr. Brant McCartan all sums which are now payable or may hereafter become payable to me from the above insurance company and /or surgical expenses incurred by me and understand that I a m legally responsible for any charges made by the above for medical and/or surgical services rendered to me. I hereby understand that any sums made payable to me by the insurance company and not returned to Dr. Brant McCartan after 30 days upon receipt, my account will be referred to a collection agency for payment and/or legal action.

PATIENT OR GUARANTOR'S

SIGNATURE _____ DATE _____