

Registration Form

Atlantis Urgent Care

2254 Hwy A1A, Indian Harbour Beach, FL 32937

Patient Name _____ (Last) (First) (MI)	Primary Insurance Company _____ ID# _____
Social Security # _____	Policy Holder Name _____
DOB _____ Age _____	Policy Holder's SSN _____
Marital Status _____ Sex _____	Policy Holder's DOB _____
Email _____	2nd Ins. Company _____
Address _____	ID# _____
City _____ State _____ Zip _____	Policy Holder Name _____
Phone _____ Cell _____	Policy Holder's SSN _____
Race/Ethnicity _____	Policy Holder's DOB _____
Primary Language _____	_____
Primary Care Physician _____	_____

Parent/Guardian 1. _____ (If Applicable)	Parent/Guardian 2. _____ (If Applicable)
Who else may we contact regarding your medical record? _____	
Financially responsible adult paying for minor patient. _____	
Address _____	

Reason for visit _____
Is this visit related to a motor vehicle accident? _____
Is this visit related to a work injury? _____
Do you plan to file a lawsuit related to the condition you are here to have evaluated? _____
If you are a female patient, are you pregnant? _____

Pharmacy Name _____	Pharmacy Address _____
Phone Number _____	_____
Emergency Contact _____	Em. Contact Phone _____

I hereby authorize Dr. Bjorn Dimberg to furnish all information concerning my illness and treatment to the insurance company to help secure payment for services rendered. I understand that certain insurance claims may be filed as a courtesy. However, if for any reason the claim is denied, I am responsible for payment. Please remember that insurance is considered a method of reimbursing the patient for fees to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. I understand it is my responsibility to pay any deductible amount, co-insurance or any other balance not paid by my insurance or third party payer within a period of time not to exceed 60 days.

Patient/Guardian Signature _____	Date _____
---	-------------------