

# *Village Family Practice of Holly Springs*

## **Patient Registration Form**

***Welcome to Village Family Practice of Holly Springs!***

Please complete the entire form, or notify our staff if you need assistance.

### **Patient Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced [ ] Separated Gender: [ ] Male [ ] Female

### **Employment (if applicable)**

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Personal Contacts**

Spouse or Partner's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_

### **Responsible Party (if other than patient)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Medical Insurance Information**

*(Please present your insurance card with this form.)*

Primary Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Group # \_\_\_\_\_  
Policy Holder's Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Policy Holder's Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_

Secondary Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Group # \_\_\_\_\_  
Policy Holder's Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Village Family Practice of Holly Springs*  
**Practice Policies**

Policy Holder's Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_

# *Village Family Practice of Holly Springs*

## **Practice Policies**

***Thank you for choosing Village Family Practice of Holly Springs!***

**Please take a moment to review your rights and responsibilities.**

### **Financial Responsibility**

By signing below, I guarantee payment of all charges to Village Family Practice of Holly Springs for services provided to the patient. I understand that I am personally responsible for all charges not covered by insurance. I authorize payment of surgical and medical benefits, which would otherwise be payable to me, to Village Family Practice of Holly Springs for services rendered. If covered by Medicare or Medicaid, I certify that the information provided by me in applying for payment is correct.

### **Consent for Treatment**

By signing below, I consent to treatment and care as determined to be necessary by physicians and other healthcare providers at Village Family Practice of Holly Springs. I am aware that the practice of medicine and/or surgery is not an exact science, and I understand that no guarantees have been made to me regarding the results of treatments, examinations, or procedures.

### **Medical Release**

By signing below, I authorize Village Family Practice of Holly Springs (including the treating physician and other staff members) to release any information about me which may be necessary for payment (i.e. to file insurance claims for services); necessary for treatment (i.e. to send protected health information to a referring physician); or necessary for communication with me (i.e. to send appointment reminders).

### **Payment Policies**

By signing below, I signify that I understand that if I make an appointment, and I miss that appointment; I will be charged \$20 for each missed routine appointment, and \$40 for each missed complete physical exam, unless the visit is cancelled at least 12 hours prior to the scheduled time. I also understand that I am expected to pay any copayment, that is required by my insurance, at the time of the visit; or I can not be seen by the healthcare provider.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_