

## San Diego Perinatal Center

7910 Frost Street, Suite 220, San Diego, CA 92123 Phone: 858.966.6710 Fax: 858.966.6711

### PATIENT REGISTRATION FORM

Please print clearly

#### PATIENT INFORMATION

First Name	Middle	Last Name	Marital Status
Home Address		City	State Zip
Home Telephone	Home Fax	Mobile Number	Email Address (Optional)
Date of Birth	Social Security #		Drivers License #
Patient's Employer	Occupation	Employer's Telephone #	
Employer's Address		City	State Zip
Spouse / Partner / Significant Other / Emergency Contacts Name			Relationship to Patient
Address, If Different From Above	City	State Zip	Home Telephone Employer's Telephone
Referring Doctor	Address		Phone

#### PRIMARY INSURANCE INFORMATION

Person Responsible For Account:

First Name	Middle	Last Name	Relation to Patient
Date of Birth	Social Security #		Drivers License #
Address If Different From Patient's		City	State Zip Telephone Number
Responsible Persons Employer	Address	City	State Zip
Business Telephone	Occupation		
Insurance Company	Type of Insurance (HMO, PPO, POS, EPO, Other)		
Contract #	Group #	Subscriber's #	

#### ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with \_\_\_\_\_  
Name of Insurance Company

And assign directly to **San Diego Perinatal Center** all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize **San Diego Perinatal Center** to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all insurance submissions.

Signature of Responsible Party	Relationship	Date
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\*\*Please complete this entire form, if possible. This information will be used not only for registration information, but also for patient check-in and billing purposes. Thank you very much for your time. \*\*

#### OFFICE USE

Copy of Insurance card attached  
  Authorization for services required & attached  
  Verified intake and registration data is correct for billing  
  Form complete, dated & signed  
 Processed by: \_\_\_\_\_