



HOBOKEN'S PREMIER URGENT CARE CENTER WWW.PROMPTMD.COM

REGISTRATION FORM

(Please Print)

| | | | | | | |
|--|----------------------------------|--|--|---|---|--|
| Today's Date: | | | Email: | | | |
| PATIENT INFORMATION | | | | | | |
| Patient's last name: | | First: | Middle: | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | Marital status: Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/> |
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | (Former name): | | BIRTH DATE: | Age: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Street address: | | Social Security no.: | | Home phone : () | | |
| City: | State: | ZIP Code: | | Mobile Phone: () | | |
| Occupation: | Employer: | | | Employer phone no.: () | | |
| Chose clinic because/referred to clinic by (Please check one box): | | | <input type="checkbox"/> Google | <input type="checkbox"/> Hoboken 411 | <input type="checkbox"/> Employer: _____ | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Close to home/work | <input type="checkbox"/> PromptMD Magnet | <input type="checkbox"/> Paper _____ | <input type="checkbox"/> Hoboken Family Alliance | |
| <input type="checkbox"/> Ad on Bus Shelter (location?) _____ | | <input type="checkbox"/> Community Event (location) _____ | | <input type="checkbox"/> Other Internet/Website: _____ | | |
| <input type="checkbox"/> Yellow Pages | | <input type="checkbox"/> Other: _____ | | | | |
| REASON FOR TODAYS VISIT | | | | | | |
| Symptoms: | | | | | | |
| IN CASE OF EMERGENCY | | | | | | |
| Name of local friend or relative: | | Relationship to patient: | | Phone: () | | |
| GUARANTOR INFORMATION | | | | | | |
| Parent/Guardian Name (if minor): | | | DOB: | | | |
| Address: | | | PHONE: | | | |

FINANCIAL POLICY

Payment for today's visit is expected at time of service. Prompt MD's office visits start at \$90 and are based on level of service. Any additional procedures or lab tests will be additional fees. You will be given a paid receipt to submit to your insurance carrier for possible reimbursement according to your health insurance policy.

Please indicate method of payment for today's visit: [] Cash [] Credit Card [] Check

Signature _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I (name of patient) _____ acknowledge and agree that I have been given the opportunity to review a copy of PromptMD's Notice of Privacy Practices.