

REGISTRATION

(PLEASE PRINT)

**CAMPBELL FAMILY PRACTICE
INTERNAL MEDICINE ASSOC.**

10950 Resource Parkway, Suite A
Houston, TX 77089
Telephone: (281) 484-5587

Date: _____

PATIENT INFORMATION

Name _____ Soc. Sec. # _____
Last Name First Name Initial

Address _____

City _____ State _____ Zip _____ Home Phone _____

Sex M F Age _____ Birthdate _____ Single Married Widowed Separated Divorced

Patient Employed by _____ Occupation _____

Business Address _____ Business Phone _____

City _____ State _____ Zip _____

In case of emergency who should be notified? _____ Phone _____

PRIMARY INSURANCE

Person Responsible for Account _____
Last Name First Name Initial

Relation to Patient _____ Birthday _____ Soc. Sec.# _____

Address (if different from patient's) _____ Phone _____

City _____ State _____ Zip _____

Person Responsible Employed by _____ Occupation _____

Business Address _____ Business Phone _____

City _____ State _____ Zip _____

Insurance Company _____

Subscriber/ID # _____ Group # _____

Names of other dependents covered under this plan _____

ADDITIONAL INSURANCE

Is patient covered by additional insurance? Yes No

Subscriber Name _____ Relation to Patient _____ Birthdate _____

Address (if different from patient) _____ Phone _____

City _____ State _____ Zip _____

Subscriber Employed by _____ Business Phone _____

City _____ State _____ Zip _____

Insurance Company _____ Soc. Sec. # _____

Subscriber/ID # _____ Group # _____

ASSIGNMENT AND RELEASE

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

and assign directly to Campbell Family Practice 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 insurance. I hereby authorize the doctors to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature Relationship Date