



Patient Registration Form

(PLEASE BRING **VALID ID** AND **METHOD OF PAYMENT** UPON VISIT TO ENSURE TREATMENT)

New Patient Established Patient (been here before)

Reason for being seen: _____

Patient Information

Last Name: _____		First Name: _____	
Date Of Birth: _____	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #: _____
Address: _____		Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married	
City: _____	State: _____	Zip: _____	<input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Employer: _____		Occupation: _____	
Employer's Address: _____			
Emergency Contact: _____	Phone: _____	Relationship: _____	

Guarantor or Responsible Party

Last Name: _____		First Name: _____	
Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> _____	Date of Birth: _____		
Social Security #: _____	Address: _____		
City: _____	State: _____	Zip: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Employer: _____		Occupation: _____	
Employer's Address: _____			

I hereby consent to any medical treatment, lab procedures, or facility services rendered to me (or to my legal minor) by the medical staff at Fast Track Urgent Care. I hereby authorize Fast Track Urgent Care to release to my insurance carrier(s), my employer, Social Security Administration (for Medicare / Medicaid patients), and any person or corporation which is liable under a contract to Fast Track Urgent Care, all or any part of my medical record for the services at Fast Track Urgent Care.

I agree to be responsible for full payment of all charges incurred at Fast Track Urgent Care, and I agree to make full payments for such charges by cash or by payment from assigned insurance benefits. I agree to pay my co-pay at the time of service. In case I have no insurance, I agree to pay in full at the time of service. In the event any balance due hereunder is not paid as agreed, I agree to pay costs charged by the collection company, which may be as high as 35% of unpaid balance, including but not limited to reasonable attorney fees. I also agree to pay a service charge of \$25 for each returned check. I also assign and transfer to Fast Track Urgent Care all insurance benefits payable to me by my insurance for services and costs incurred in connection with services rendered at Fast Track Urgent Care.

Signature: _____ Date: _____

Relationship to Patient: _____

<p>I was given and have signed the HIPAA NPP form, as required by law, either today or in the past.</p> <p>Signature: _____</p>
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