



Family Medical Care

Family Medical Care
10625 N Military Trail, Suite 102
Palm Beach Gardens, FL 33410
PH: 561-249-7626 Fax: 561-429-7713

Patient Registration

Patient Name: _____ SS#: _____ - _____ - _____
Street Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____
Home Telephone _____ Work _____ Mobile _____
Referred By: _____
Spouse's Name: _____
Spouse's Employer and Address: _____
Emergency Contact: _____ Tel # _____

Patient Employer Information

Employer Name: _____ Telephone: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Occupation: _____

Insured Person (if not patient)

Name: _____ Telephone: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Relationship to Patient: _____

Insurance Information

Has your insurance changed? Yes _____ No _____

Practice Policy (initial below)

I understand that the following fees are my responsibility and I will initial acknowledgement: _____

\$25.00 and up for NO SHOW fee, if I do not cancel or reschedule my appointment in advance. _____

\$50.00 and up for all RETURN CHECK: _____

\$25.00 and up for any MEDICAL FORMS to be completed by our office: _____

Authorization to Release Information and Assignment of Benefits

I authorize the release of any medical information necessary to process my medical claims(s) I permit a copy of this authorization to be used in place of the original.

Date: _____ Signature: _____

I hereby authorize Family Medical Care to apply for benefits on my behalf for covered services rendered by my provider or under their direction. I request that payment from my insurance company be made directly to Family Medical Care.

I certify that the information I have reported with regard to my insurance coverage is correct.

I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my insurance company at any time in writing.

Date: _____ Signature: _____