Patient Label Here

METHODIST ENDOSCOPY CENTER, LLC
REGISTRATION FORM

PLEASE FILL OUT THIS FORM **COMPLETELY** AND **LEGIBLY.** This form needs to be presented upon your arrival to the procedure center **along with your photo ID and insurance card(s)**. Thank you.

PATIENT REGISTRATION INFORMATION

Patient Name **AS IT APPEARS ON YOUR INSURANCE POLICY (Be sure to include any prefix, suffix, middle initial, etc).**			Previous/Maiden Name
Street Address	City	State	Zip Code
Birthdate (MM/DD/YYYY)	Social Security Number	Primary Phone Number	Secondary Phone Number
Gender ❒Male ❒Female	Primary Language (CHECK ONE) ❒English ❒Spanish ❒Other _____	Marital Status: ❒ Single ❒Married ❒Divorced ❒Separated ❒Widowed	
Employer	Spouse	Spouse Primary Phone Number	Spouse Secondary Phone Number

PHYSICIAN INFORMATION

Primary Care Physician Name Did your PCP refer you? ❒Yes ❒No			Referring Physician Name or other Physician to receive report		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code

Would you like a copy of a report from today's procedure to go to both physicians listed above? ❒ Yes ❒ No, only PCP

INSURANCE INFORMATION

Primary Insurance Company	Policy Holder Name	Relationship of Policy Holder; Check One: ❒Self ❒Spouse ❒Parent ❒Other:_____
Secondary Insurance Company	Policy Holder Name	Relationship of Policy Holder; Check One: ❒Self ❒Spouse ❒Parent ❒Other:_____
Tertiary Insurance Company	Policy Holder Name	Relationship of Policy Holder; Check One: ❒Self ❒Spouse ❒Parent ❒Other:_____

If Policy Holder is **NOT** the patient: First and Last Name Gender: ❒ Male ❒ Female			Birthdate (MM/DD/YYYY)
Street Address	City	State	Zip Code
Social Security Number	Primary Phone Number	Employer	

CONTACT/RIDE INFORMATION

With whom may we discuss your medical care or billing information?

❒ Patient Only ❒ Name of person with whom we may speak: _____

Ride Contact Name	Relationship to Patient	Primary Phone Number	Secondary Phone Number
Emergency Contact Name	Relationship to Patient	Primary Phone Number	Secondary Phone Number