

Please print and fill out in the office to ensure accuracy

New MD & Urgent Care

3431 Broadway Street A8
American Canyon, CA 94503
Ph: 707-731-1108 Fx: 707-652-2679

MEDICAL OR PHYSICAL PATIENT REGISTRATION

First Name:	Last Name:		
Full Address:	DOB: / /		
Home Phone:	Work Phone:	Cell:	
Social Security #:	EMAIL:		
INSURANCE INFORMATION			
Primary Insurance:			
Policy Holders Name:	Policy Holders Date of Birth: / /		
Relationship to the Patient:	Self	Child	Spouse Employee Other
Employment Status:	<input type="radio"/> Full Time	<input type="radio"/> Part Time	<input type="radio"/> Self Employed <input type="radio"/> Retired <input type="radio"/> Unemployed
Patients Signature:			Date:

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

____ Initials: I understand, assign directly to NewMD & Urgent Care, all procedures and medical benefits, if any otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance. I authorize NewMD & Urgent Care to release all information necessary to secure payments of benefits.

____ Initials: NewMD & Urgent Care will not refund payments for Physicals once services are rendered.