

**Michigan Neurology Associates, P.C.**  
**Patient Registration**  
**(PLEASE PRINT)**

Patient Name \_\_\_\_\_

Responsible Party (if minor) \_\_\_\_\_

If PT is a minor Mothers DOB \_\_\_\_\_ Fathers DOB \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Sex: Male / Female      Marital Status: M   S   W   D      Age: \_\_\_\_\_      Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security \_\_\_\_\_ Spouse's Social Security \_\_\_\_\_

Patient Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address/City \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Do you have medical insurance? \_\_\_ Yes \_\_\_ No      \_\_\_ Worker's Comp \_\_\_ Auto Claim

Injury/Accident Date \_\_\_\_\_ Claim Number \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Contract or ID# \_\_\_\_\_ Group \_\_\_\_\_

Subscriber \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Contract or ID# \_\_\_\_\_ Group \_\_\_\_\_

Subscriber \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Pharmacy Name/Location \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone(\_\_\_\_)** \_\_\_\_\_

**OTHER THAN SPOUSE**

Referring Physician \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**ASSIGNMENT OF RELEASE:**

I authorize any holder of medical or other information about me to release to all carriers any information needed for this or any related medical insurance claim. I permit a copy of this authorization to be use in place of the original, and request payment of medical insurance benefits to myself or third party who accepts assignment. I understand that I am financially responsible for all charges whether or not paid by insurance. I understand it is at the discretion of this office to charge me a \$25.00 fee for a missed *scheduled appointment* if I do not give a 24 hour cancellation notice.

\_\_\_\_\_  
Signature of Insured/Guardian

\_\_\_\_\_  
Date

Account # \_\_\_\_\_