

Transplant and Hepatobiliary  
Specialists AT LARGO

**PATIENT REGISTRATION FORM**

(PLEASE PRINT)

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: (If applicable) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Social Security #: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Other

Race:  African American  White  Asian  Hispanic  Other

Ethnicity:  Not Hispanic or Latino  Hispanic or Latino  Refuse to Answer

Language:  English  Spanish  Other

**Physicians:**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employer Information:**

Employed:  Full-Time  Part-Time  Unemployed  Disabled  Retired  Military

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pharmacy:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Patient Registration Form:

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## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

## Insurance: (Please present with card to photocopy)

**Primary Insurance:** \_\_\_\_\_ **Secondary Insurance:** \_\_\_\_\_

Member ID# \_\_\_\_\_ Member ID# \_\_\_\_\_

Phone# \_\_\_\_\_ Phone# \_\_\_\_\_

## **Subscriber Info if Other than Patient:**

## **Subscriber Info if Other than Patient:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Guarantee of Payment:** For services rendered, the undersigned does hereby agree to guarantee and promise to pay Transplant & Hepatobiliary Specialists at Largo all charges incurred in the treatment of the named patient, including the expenses not covered by any insurance presently in force. If any action at law or inequity is brought to enforce this agreement, Transplant & Hepatobiliary Specialists at Largo shall be entitled to reasonable attorney fees, court costs and any other cost of collection incurred. I understand that all bills are payable and become due upon presentation.

Receipt of Notice of Privacy Practices: By my signature on this document, I acknowledge receipt of Notice of Privacy Acts.

I hereby authorize Transplant & Hepatobiliary Specialists at Largo to release all or part of my medical records to Medicare and/or any other companies, if requested, without any liability to Transplant & Hepatobiliary Specialists at Largo. I hereby authorize Medicare and/or my insurance companies to pay directly to Transplant & Hepatobiliary Specialists at Largo any payments, assignments or benefits due to me.

**\*\*\* PLEASE CONTACT OUR OFFICE IF YOUR PHYSICIANS OR INSURANCE CHANGES\*\*\***

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_