

## **Patient Registration**

**Patient's full name**.....Date of birth.....  
Patient's social security number.....Sex/gender.....  
Home address + zip code.....  
Phone number.....Email.....  
Emergency contact name.....Emergency contact phone.....



**If patient is a child under 18**, Legal parent/guardian name:.....  
Date of birth.....Social security #.....  
Home address, if different from above.....  
Phone, if different.....Email, if different.....



**If someone other than you is responsible** for the medical bills, fill in:  
Name.....Date of birth.....Social security #.....  
Home address, if different from above.....  
Phone number, if different from above.....



**If you have insurance**, fill in and sign at the bottom:  
**Primary insurance company name**.....  
Member ID number.....Group number.....  
Effective date.....Phone number (for claims).....  
Policyholder (name, relationship to patient).....  
Policyholder date of birth.....Policyholder social security #:.....  
**Secondary insurance company name**.....  
Member ID number.....Group number.....  
Effective date.....Phone number (for claims).....  
Policyholder (name, relationship to patient).....  
Policyholder date of birth.....Policyholder social security #:.....

*I hereby authorize Leigh Saint-Louis, M.D., to release any medical information to my insurance company or third party payers or its agents for completion of insurance claims and determination of benefits.  
I assign payment directly to Leigh Saint-Louis, M.D., LLC, for all covered medical services provided.  
I am financially responsible for appropriate deductibles, copayments, and non-covered services as explained to me by my insurance carrier. If my account is turned over to an attorney due to delinquency or nonpayment, I will be responsible for all costs of collection including court costs and reasonable attorney fees.  
A copy of this authorization is considered valid as original.  
I certify that the above information is true and correct.*

Signature.....Date.....