UNOVA HIP&KNEE CENTER

Patient Registration

Patient Information

First Name	Middle Initial	Last Name	
Date of Birth	Social Security Number	Gender Male Female	
Street Address	City	State	Zip Code
Marital Status (circle one) **Married Single Divorced Widowed**		Primary Care Physician	
Which pharmacy and location do you prefer?		Do you have any allergies? If yes, please list item(s) below: ☐ Yes ☐ No	
Phone Number: Home	Cell	Work	

verified by:

Email Address	Driver's License #	Employer
Emergency Contact Name	Relationship	Phone
Date of Injury / onset of symptoms	Was this an injury? **NO YES**	If yes, Where did your injury occur? **WORK AUTO HOME SCHOOL OTHER:**

Insurance Information

Primary Insurance Carrier	Secondary Insurance Carrier
Insured's Name:	Insured's Name:
Insured's Date of Birth:	Insured's Date of Birth:
Insured's Social Security Number:	Insured's Social Security Number:
ID#	ID#
Group#	Group#
Claim Address:	Claim Address:
Phone:	Phone:

Guarantor Responsible Party: ☐ Patient ☐ Other (if other please fill in information below)

verified by:

Name:	Date of Birth	Relationship to patient:	
Street Address	City	State	Zip Code
Phone Number	Social Security Number	Employer	

I hereby assign the Insurance benefits to which I am entitled, directly to UNOVA Health. I understand that I am financially responsible for all charges regardless of insurance verification, benefits, and eligibility. I authorize release of medical records and information regarding medical history that is requested by the insurance company. A photocopy of this authorization is accepted with the same authority as the original.

Identification and Insurance cards must be presented at the time of service to enable UNOVA Health to submit claims to your insurance carrier. Should Identification and Insurance cards not be presented, you will become responsible for payment in full due at time of service.

This agreement will remain valid from this day forward to include all future services relating to the above patient.

SIGNATURE OF PATIENT / GUARDIAN

DATE