ADULT PATIENT REGISTRATION

Patel Medical Corporation (PMC), Dushyant N. Patel, M.D. 200 Jose Figueres Avenue #340 San Jose, CA 95116 Ph: 408-923-1711

Patient Last Name:	First name:		Middle:	Sex:		
Address:				APT NO		
City:	State:	Zip:				
Patient CELL PHONE:	HOME PHO	NE:	WORK PHO	NE:		
Date of Birth: / /	Social Secu	irity No.				
Patient's CA Driver's License No	o. or any government	tal ID:				
Employer Name & Address:						
Employer Phone number:						
INSURANCE (PRIMARY):						
Insured Name:		ured relationshi	•			
Insurance ID:	Ins. Group No.:	Ins.	Ph:			
INSURANCE (SECOND):						
Insured Name:		ured relationshi	•			
Insurance ID:	Ins. Group No.:	Ins.	Ph:			
Spouse Information:			, ,	CON		
	First name:	Date of Birth	, ,			
CELL PHONE: HOME PHONE: WORK PHONES:						
CA Driver's License No. or any governmental ID:						
Employer Name & Address:						
Employer Phone number:						
Emorgonov contact not living y	with your					
Emergency contact <u>not</u> living w	vitil you.		Delation	chin		
NAME(S): Full Address:	C:+-		Relation	•		
Home Phone:	City Cell Phone:		State:	Zip:		
	Cell Phone:					

I agree to pay Patel Medical Corp. (PMC) the deductible, co-insurance and copayment at the time of visit by cash or check. I agree to the terms & conditions of the PMC and future amendments. I am financially responsible for charges of services provided by PMC/Dr. Patel on me for services not covered by my insurance. I agree to notify PMC promptly in writing of any change in my insurance/address/phone no. (*set up to receive voice messages*).

I consent PMC/Dr. Patel to treatment of all medical conditions and preventive care including immunizations for me. I authorize release of any medical information on me by PMC/Dr. Patel's office necessary to process the claim and collection of the charges &/or when pertinent to the care. I authorize and request my insurance to directly pay Patel Medical Corp. promptly for my medical benefits.

SIGNATURE	OF PATIENT:
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DATE:	/		
DATE:	/		
	DA	ATE:	

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SIGNATURE of ADDITIONAL FINANCIALLY RESPONSIBLE PERSON:

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