

**SEATTLE SPINE & SPORTS MEDICINE
PATIENT REGISTRATION**

Welcome to our office. We are committed to providing comprehensive care. Please assist us by providing the following information. **Please carefully and legibly fill in the appropriate sections below.**

Patient Full Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SSN	Birthdate (MM/DD/YY)	
Home Address		City	State	Zip
Mailing Address <input type="checkbox"/> SAME AS MY HOME ADDRESS		City	State	Zip
Primary Phone	May we text you at this number? <input type="checkbox"/> Y <input type="checkbox"/> N	Email		
Please specify <u>which physician or other health care provider</u> has referred you:		Primary Care Provider: <input type="checkbox"/> SEND THEM REPORT		
EMERGENCY CONTACT				
Name		Relationship to patient		
Address <input type="checkbox"/> SAME AS MY HOME ADDRESS		City	State	Zip
Telephone: <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE <input type="checkbox"/> WORK				
PERSON RESPONSIBLE FOR PAYMENT				
Name <input type="checkbox"/> SELF		Telephone		
Address <input type="checkbox"/> SAME AS MY HOME ADDRESS		City	State	Zip
PLEASE FILL OUT THIS SECTION IF THIS IS A CLAIM (e.g. MVA, L&I)				
Please specify claim type: <input type="checkbox"/> MOTOR VEHICLE – PIP <input type="checkbox"/> WORK-RELATED, Choose: <input type="checkbox"/> STATE L&I <input type="checkbox"/> Self-Insured L&I <input type="checkbox"/> OTHER:				
Date of Injury:		CLAIM NUMBER:		
Insurance Company Name		Telephone	Adjuster's Name	
Address		City	State	Zip
Attorney Name, if applicable		Telephone		
Briefly describe how & where injury occurred: (e.g.: driving; on the job; at home, etc)				
HEALTH INSURANCE (i.e. NOT CLAIM-RELATED)				
Primary Insurance Company		Claim Address		
Subscriber's Name <input type="checkbox"/> SELF	Birthdate	Group No:	Primary Insurance ID No.:	
Secondary Insurance Company		Claim Address		
Subscriber's Name <input type="checkbox"/> SELF	Birthdate	Group No:	Secondary Insurance ID No.:	

**Thank you for taking the time to fill this out.
Please Review & Sign Our Financial Policy Agreement**