

BODY & SOUL WELLNESS CENTER

_____ New _____ Change **ELIZABETH HEIL, MSW, LISW** Date _____

_____ Diagnosis **563-556-9642** Physician Name _____

2728 Asbury Rd. Suite 777 Dubuque, IA 52001

PATIENT REGISTRATION FORM

PATIENT INFORMATION

Patient Name: first middle last

Street Address

City, State, Zip Code

Cell Phone number

Date Of Birth

Home Phone number

M F
Sex

Patient/Parent - Email address

Patient Employer

Employer Address and Phone

S M D W

Marital Status

Name of Spouse

BILLING INFORMATION

Responsible Party For Bill (If same as patient, omit)

Street Address (If same as patient, omit)

City, State, Zip Code (If same as patient, omit)

Patient/Responsible Party's - Social Security Number

Responsible Party's Employer (If same as patient, omit)

Responsible Party's Employer Address and Phone

Nearest Friend or Relative (not at same address) Relationship

Address and Phone Number of above

PRIMARY INSURANCE

Policyholder Name

Date of Birth

Insurance Company Name

Insurance Street Address

City, State, Zip Code

Insurance ID#

Group #

SECONDARY INSURANCE

Policyholder Name

Date of Birth

Insurance Company Name

Insurance Street Address

City, State, Zip Code

Insurance ID#

Group #

SELF PAY RATE - \$ _____ PER HOUR

Authorization/Assignment of benefits: Please sign by the "X" for release of your records to your insurance for medical information necessary to process insurance and for payment to ELIZABETH HEIL / BODY & SOUL by your insurance. This authorization will remain in effect until revoked by me in writing. A photocopy of this authorization is to be considered as valid as the original copy. I understand that partial payments made by insurance carriers are not accepted as full payment for the services rendered and I will be responsible for any charges not covered by insurance. I agree to the fees and I understand that I am financially responsible for all charges, including interest accrued on unpaid balances. I hereby authorize said assignee, ELIZABETH HEIL, to release all information to secure payment on my behalf.

X _____

DATE _____