

Midwest Health Group, LLC.

Registration Form



508 West Pine Street

Farmington, MO 63640

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www.midwesthealthgroup.com

Which Doctor are you here to see? (please circle)

Dr. G. Roberts

Dr. P. Moniz

Dr. A. Adem

Date: _____

Patient Name: _____

Address: _____

Home Phone: _____ Work Number: _____

Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____

Social Security: _____ D.O.B.: _____

**Patient Status: _____ **Sex: _____

**Employment status: _____ Age: _____

If you have Health Insurance please indicate name below:

Primary Insurance: _____

Name of Insured/Guarantor: _____

Relationship to PT: _____ Social Security: _____

Policy Number: _____ D.O.B.: _____

Home Phone: _____ Work Number: _____

Name of employer: _____ **Employment status: _____

Secondary Insurance: _____

Name of Insured/Guarantor: _____

Relationship to PT: _____ Social Security: _____

Policy Number: _____ D.O.B.: _____

Home Phone: _____ Work Number: _____

Name of employer: _____ **Employment status: _____

Notice: Payment is due at the time of service.

I hereby authorize the release of any Medicare, medical and non-medical information necessary to process my medical claims and I request payment of insurance benefits to Midwest Health Group, LLC. For all services rendered at this facility. I also understand that any fees incurred at Midwest Health Group, LLC. Which are not covered by my insurance company are my financial responsibility. I agree to provide Midwest Health Group, LLC. With current insurance information that is necessary to file any claims for services or procedures performed. I understand that failure to do so will result in the charges being my financial responsibility. I also consent, voluntarily, to be a patient and receive medical treatment at Midwest Health Group, LLC. My signature below represents that I have read the above and understand it.

Signature _____

Date _____

<i>This section for Doctor's use only.</i>
Allergies:
PMH & Long term problems:
Past Surgical History:
Family History
Misc:
Social History
ETOH _____ TOB _____
Substance Use _____