Joe S. Levy, M.D., P.C.
5575 Poplar Ave., Suite 708
Memphis, TN 38119
901-682-0430

NEW PATIENT REGISTRATION

Please answer all questions in full

DATE: _____ ACCOUNT#: _____

First Name: _____ Middle: _____ Last Name: _____
Home Phone #: _____Work#: _____ Cell#: _____
Preferred Name: _____ S.S.#_____ Race: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Single ____ Married_____ Divorced_____ Widow(er) _____Domestic Partner_____ Sex: _____
Employer: _____ Phone# _____
Spouse: _____ S.S.# _____ Date of Birth: _____
Responsible Party: _____ S.S.# _____ Date of Birth: _____
Address: _____ City: _____State: _____Zip:_____
Employer: _____ Phone# _____

INSURANCE INFORMATION

Primary Insurance: _____ ID#_____ Group# _____
Subscriber Name: _____ Date of Birth: _____ SS# _____
Insurance Claims Address: _____ City_____ State: _____ Zip: _____

Secondary Insurance: _____ ID# _____ Group#_____
Subscriber Name: _____ Date of Birth: _____ SS# _____
Insurance Claims Address: _____ City_____ State: _____ Zip: _____

REFERRING PHYSICIAN INFORMATION

Referring Physician: _____ Phone# _____
Primary Care Physician: _____ Phone# _____
Emergency Contact:
Name: _____ Relationship: _____ Phone# _____

OFFICE POLICY

Please remember that insurance is considered as a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. IT IS YOUR RESPONSIBILITY TO PAY ANY COPAY, DEDUCTIBLE AMOUNT, COINSURANCE, OR OTHER BALANCES NOT PAID BY YOUR INSURANCE COMPANY.

Insurance authorization and assignment: I hereby authorize Joe S. Levy, M.D., P.C. to furnish information to my insurance company concerning my illness and treatments and I hereby assign to the physician all payments for medical services rendered to myself and for my dependents. I understand that I am responsible for any amount not covered by my insurance. I have received a copy of Joe S. Levy, M.D., P.C.'s patient privacy practices.

SIGNATURE: _____ Date: _____
What medication(s) over the counter or prescription are you currently taking or have you taken in the past? _____
Do you have a family member who is a patient here? _____