Eastside Total Health & Lactation **Registration Form**

Name:	Today's Date:	
Birth Date & SSN:	Baby's Name, Gender & **Birth Date**:	
Street Address:	City, State, Zip:	
Cell Phone:	Home:	Work:
Occupation:	Employer:	
Email:	Pediatrician name:	Phone:
How did you hear about ETH&L?		
INSURANCE INFORMATION Please give your insurance card and photo ID to the receptionist.		
Primary Insurance:		
Insurance ID #:	Group #:	
Co-Pay: $		
Subscriber's Name	Subscriber's Birth Date:	
Subscriber's SS #:	Relationship to Subscriber:	
Secondary Insurance:	Subscriber Name:	
Group #:	Policy #:	
Baby's Insurance (if different from Mom):	Subscriber Name & SSN:	
Group #:	Policy #:	
IN CASE OF EMERGENCY		
Name: Relationship: Cell Phone: Work Phone:	Can we leave a message with this person? Yes or No	
AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION		
May we call you at home? Yes No	May we leave a message at your home? Yes No	
May we leave a message on your cell? Yes No	May we call you at work? Yes No	
I acknowledge& agree to adhere to the Notice of Privacy Practices as required by federal & state guidelines. I understand I may request/review a copy of these Practices at any time from the office staff. I permit the release of any information, including my medical records that may be requested by my insurance company to process any claims.		
Patient/Guardian Signature:	Date:	
CONSENT FOR TREATMENT, ASSIGNMENT OF BENEFITS AND RELEASE OF INORMATION		
I have completed this form and certify that I am the patient or legal guardian of patient. I authorize the providers of Eastside Total Health & Lactation (ETH&L) to provide medical care and treatment for me and/or my baby. I authorize payments of benefits to be made directly to ETH&L. I understand that as the recipient of services, regardless of insurance coverage, that I am ultimately responsible for payment within 30 days of the date of service or statement and billing fees may be assessed. Failure to pay in 30 days could result in a $10 late fee.		
Patient/Guardian Signature:	Date:	

Updated 12/20/16 cd