

### Knoxville Gastrointestinal Specialists Registration Form

Patient's First Name		Middle Name	Last Name		Birthdate	Age
Address			Apt #	City	State	Zip Code
Social Security #		Home Phone #	Mobile Phone #	Preferred contact number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile		Sex
Marital Status	Email Address					
Employer's Name, Address, Phone Number				Referring Physician		
				Primary Care Physician		
Spouse/Parent's Name			Spouse/Parent's Date of Birth		Spouse/Parent's Social Security #	
Spouse/Parent's Address						
Spouse/Parent's Employer			Spouse/Parent's Employers Address			

### Insurance Information

Primary Insurance Name		Subscriber ID #	Group #
Subscriber Name	Subscriber Birthdate	Subscriber Social Security #	Relationship to patient
Secondary Insurance Name		Subscriber ID #	Group #
Subscriber Name	Subscriber Birthdate	Subscriber Social Security #	Relationship to patient

### Emergency Contact (Please provide a phone number different from the one listed above)

Name	Emergency Phone Number	Relationship to patient
Name	Emergency Phone Number	Relationship to patient

### My permission is given to release any medical information to:

Name	Phone Number	Relationship to patient
Name	Phone Number	Relationship to patient

The Patient/Guarantor is responsible for payment in full of all services rendered by Knoxville Gastrointestinal Specialists, PC. Payment in full is expected at the time services are rendered unless arrangements are made in advance.

#### Authorization, Assignment, And Responsibility of Account

I hereby authorize Knoxville Gastrointestinal Specialists, PC to release any medical or other information needed to my insurance companies for claims reimbursement. I hereby assign and direct my insurance to pay without further notice from me to the physician. I certify that the information completed by me is correct. I hereby acknowledge and accept responsibility for payment in full of all services rendered to me by Knoxville Gastrointestinal Specialists, PC.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Today's Date