

**REGISTRATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ SS# \_\_\_\_\_ Sex :  M  F

Primary Care Doctor \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Insurance**

**INSURANCE ASSIGNMENT AND RELEASE:**

I certify that I have insurance coverage with \_\_\_\_\_ and assign directly to **Dr. Stephen Musser** all insurance benefits, if any , otherwise payable to me for services rendered. ***I understand that I am financially responsible for all charges whether or not paid by insurance.*** I authorize the use of my signature on all insurance submissions. The above named doctor can use/disclose my health care information to the insurance copied on file, and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

**MEDICARE/MEDIGAP AUTHORIZATION:**

I request that payment of authorized Medicare (Medigap) Benefits, be made either to me or on my behalf to **Dr. Stephen Musser**, for services furnished to me by Dr. Stephen Musser. To the extent permitted by law, I authorize any holder of medical or other information about me to be released to the Centers for Medicare/Medicaid Services needed for this related Medicare claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient, Beneficiary, Guardian or Personal Representative)

Print Name: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Treatment Consent**

I hereby consent and give my permission to **Dr. Musser** (and the doctor's assistants or designated replacements) to administer and perform such procedures upon me that the doctor deems necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient,Beneficiary,Guardian or Personal Representative)

Print Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Notice of Privacy**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or have the opportunity to read if I so chose) and understand the Notice.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_