SANTA LUCIA MEDICAL GROUP, INC.

1336 Natividad Rd., Salinas, CA 93906
(831) 754-4444

PATIENT REGISTRATION INFORMATION

Acct.# _____

LAST NAME	FIRST	SEX M F	MI	DATE OF BIRTH MM DD YY

OTHER NAMES USED: LAST NAME	FIRST NAME	SEX M F	DOB	SS#

ADDRESS:

Billing _____ City _____ State _____ ZIP _____

Home # _____ Cell # _____ Work # _____

By providing my cell number, I give SLMG permission to remind me of appointments via text.

Employer _____ Name of Insurance _____

S.S. # ___ - ___ - ___ I.D. or Driver's Lic. # _____

If Married, Spouse Name _____ Birthdate _____

Employer _____ Name of Insurance _____

S.S. # ___ - ___ - ___ I.D. or Driver's Lic. # _____ Wk # ( )

IF MINOR, who does child reside with? Father Mother Parents or Guardian (Please fill out if under parents insurance)
Circle one

Marital Status S M W D SEP

Name of Father/Guardian _____ Birthdate _____

Employer _____ Name of Insurance _____

S.S. # ___ - ___ - ___ I.D. or Driver's Lic. # _____ Wk # ( )

Name of Mother/Guardian _____ Birthdate _____

Employer _____ Name of Insurance _____

S.S. # ___ - ___ - ___ I.D. or Driver's Lic. # _____ Wk # ( )

What other person do you authorize to disclose Protected Health Information and financial information?

Name: _____ Date of birth: _____ Relationship: _____

Phone #: _____ Address: _____

NAME OF AUTHORIZED ADULT TO BRING YOUR CHILD TO THEIR APPOINTMENT IF YOU ARE NOT AVAILABLE. IF THE ADULT IS NOT LISTED BELOW, THEN A PARENTAL CONSENT IN WRITING IS NECESSARY SO YOUR CHILD MAY BE SEEN.

Name _____ Relationship _____ ( )

I accept financial responsibility for payment for any service(s) provided or if it is not covered by my insurance. I agree to pay all copayments, deductibles and coinsurance, at the time services are rendered.

Signature(s) of financial responsibility:

_____ _____

Print name/Relationship Date Print name/Relationship Date

Preferred Language: **Spanish** ☐ **English** ☐ **Referred by:** _____

Allergic to any Medication or Drugs _____ **Preferred pharmacy & address:** _____

Initials _____