

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

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

Initials _____