

Mind & Peace Connection Center

Asim Rana MD PC
103 John Robert Thomas Drive
Exton, PA 19341-2652

REGISTRATION FORM

(Please Print)

Today's Date:			Primary Care Provider:			
PATIENT INFORMATION						
Patient's Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid
Social Security #:		Maiden name:		Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		P.O. box:		City & State:		ZIP Code:
Home Phone #:		Alternate phone #:		Emergency contact:		Emergency contact #:
Occupation:		Employer:			Employer phone #:	
Referral Source:				Email:		
INSURANCE INFORMATION (Please give your insurance card to the receptionist)						
Person responsible for bill:		Birth date:	Address (if different):			Home phone #:
Occupation:		Employer:	Employer address:			Employer phone #:
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please indicate primary insurance:						
Subscriber's Name:	Subscriber's S.S. no:	Birth date:	Group no.:	Policy no.:	Co-payment: \$	
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse		<input type="checkbox"/> Child	<input type="checkbox"/> Other
Name of secondary (if applicable):		Subscriber's name:		Group #:		Policy #:
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse		<input type="checkbox"/> Child	<input type="checkbox"/> Other
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Dr. Rana or insurance company to release any information required to process my claims.						
Patient/Guardian signature					Date	