Tufts Medical Center

Women's Care South at Tufts Medical Center
15 Braintree Hill Office Park, Suite 201, Braintree, MA 02184
Telephone: 781-843-2229 Fax: 781-848-2227

PLEASE PRINT

PATIENT REGISTRATION FORM

Date:	Primary Care Physician/Family Health Care Provider:			Social Security Number:	
Patient's Name: Last	First	Middle	Date of Birth: / /	Sex: M F	Marital Status:
Patient's Address: No. and Street/PO Box	City	State Zip		Telephone Number - Home: ( )	
Patient's Employer's Name:	Occupation			Telephone Number - Cell: ( )	
Employer's Address: No. and Street/PO Box	City	State Zip		Telephone Number - Employer: ( )	
Name and Address of Nearest Relative Not at Same Address:				Telephone Number - Relative: ( )	

REFERRAL INFORMATION

REFERRED BY: ☐ M.D. ☐ Hospital ☐ Relative/Friend ☐ Employer ☐ Telephone Book ☐ Other

If referred by M.D., Name:	Address:
If other, specify:	

PRIMARY INSURANCE INFORMATION

Policy Name:		Policy #:
Name of Subscriber:	Relationship:	Subscriber Employer:
Subscriber SS#:		Subscriber DOB:

SECONDARY INSURANCE INFORMATION

Policy Name:	Policy #:
Name of Subscriber:	Subscriber Employer:
Subscriber SS#:	Subscriber DOB:

RESPONSIBLE PARTY INFORMATION

Name of Person Responsible:	Address:	Telephone: ( )
Relationship to Patient:	Employer's Name and Address:	Employer Telephone: ( )

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN:
I hereby authorize payment directly to the Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his services as described, realizing that I am responsible to pay non-covered services.

Patient Signature: (or parent if minor) Date:

AUTHORIZATION TO RELEASE INFORMATION:
I hereby authorize the Physician to release any information acquired in the course of my treatment necessary to process insurance claims.

Patient Signature: (or parent if minor) Date:

REVIEWED & NO INFORMATION CHANGE (Sign at Return Visits Only)

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

ALL INSURANCE CARDS MUST BE SHOWN AT TIME OF VISIT

We will be happy to discuss services covered by your insurance, as routine physical examinations and screening tests are not covered by most insurance companies. The patient is responsible for the payment of these services and for any balance not covered by their respective insurance carrier. Please feel free to discuss financial issues before you visit.