

PERLIS WELLNESS CENTER

81 E. Scranton Ave
Lake Bluff, IL 60044
Phone (847)295-5997
Fax (847)295-6340

Patient Registration/ Demographic Information

Name: _____ Today's Date: _____
DOB: _____ SSN: _____ Married Single Divorced Widowed
Address: _____ City _____ State _____ Zip _____
Home phone _____ Cell phone _____
Email address: _____ Occupation: _____

Employer: _____ Work phone: _____
Employer's address: _____ City _____ State _____ Zip _____

Primary physician: _____ Primary physician phone: _____
Primary physician address: _____
Preferred Pharmacy: _____ Pharmacy phone: _____
How did you hear about us? _____
Ethnicity (please circle one): Caucasian Hispanic Black Asian Other:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to You: _____
HomePhone: _____ Work Phone: _____ Cell Phone: _____

PRIMARY INSURANCE

Insurance Company: _____ Group # _____
I.D. # _____
Mailing Address: _____
Telephone _____ Effective Date: _____
Name of Cardholder: _____ DOB _____
Social Security # of Cardholder: _____
Employer: _____ Relationship to Insured: _____

SECONDARY INSURANCE

Insurance Company: _____ Group # _____
I.D. # _____
Mailing Address: _____
Telephone # _____ Effective Date: _____
Name of Cardholder: _____ DOB _____
Social Security # of Cardholder: _____
Employer: _____ Relationship to Insured: _____

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I authorize payment of medical benefits to the provider above for professional services rendered. I authorize the release of any medical information necessary to process this claim.

Signature

Date

Please remember to attach a copy of your current INSURANCE CARD, both front and back, and a copy of your PICTURE ID. Demographics8/18/09

