

CONSULTANTS IN GASTROENTEROLOGY, L.L.C.
1730 South 70th Street, Suite 110
Lincoln, NE 68506
NEW PATIENT REGISTRATION

Please Print

Date _____

1. Name: _____
Last Name First Name Middle
2. Street Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Telephone #: _____ May we leave a message on your answering machine? Yes No
5. Sex: Male Female
6. Student: Full-time Part-time Marital Status: Single Married Divorced Widowed
7. Social Security #: _____ Birthdate: _____
8. Referring Physician (if any): _____
9. Occupation: _____ Employed by: _____
10. Business Address: _____
11. Business Phone: _____ May we call you at work? Yes No
12. In Case of an Emergency,
 Please Notify: _____
Name Address Telephone #

Insurance Information (Please Present All Insurance Cards at the Front Desk)

PRIMARY:

13. Insurance Type: _____
14. Group Number: _____ 17. Subscriber Name: _____
15. Policy Number: _____ 18. Subscriber Birthdate: _____
16. Effective Date: _____ 19. Relation to Subscriber:
 Self Spouse Child Other

SECONDARY:

20. Insurance Type: _____
21. Group Number: _____ 24. Subscriber Name: _____
22. Policy Number: _____ 25. Subscriber Birthdate: _____
23. Effective Date: _____ 26. Relation to Subscriber:
 Self Spouse Child Other

Person Responsible for Payment of this account:

27. Name: _____ Telephone #: _____
28. Address: _____
29. Employer: _____ Work Phone: _____

The above information is true and complete. I hereby authorize the physicians of Consultants In Gastroenterology to evaluate and treat the health condition I have requested an examination for. I understand I am financially responsible for all charges whether or not they are covered by my insurance. I authorize Consultants in Gastroenterology, L.L.C. to supply my insurance carrier with any information needed to settle my claim. I hereby assign, transfer and set over to Consultants In Gastroenterology, L.L.C. all of my rights, title and interest to my medical reimbursement benefits under my insurance policy with my insurance carrier(s) listed above.

Signature _____ Date _____