PATIENT REGISTRATION

(PLEASE FILL IN ALL INFORMATION REQUESTED)

ROBERT O. WILSON, M.D.
Obstetrics & Gynecology

6327 N. Fresno Street, Suite
Fresno, CA 93710

TODAY'S DATE _____

PATIENT _____
LAST FIRST MI

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____
CELL PHONE _____

EMPLOYER _____ BUS. PHONE _____

ADDRESS _____ SOC. SEC. NO. _____

CITY _____ STATE _____ ZIP _____ DRIVER'S LICENSE _____

SPOUSE OR GUARDIAN INFORMATION

NAME _____ RELATIONSHIP TO PT. _____

EMPLOYER _____ DATE OF BIRTH _____

ADDRESS _____ BUS. PHONE _____

CITY _____ STATE _____ ZIP _____ SOC. SEC. NO. _____

PAYMENT IS DUE THE DAY OF SERVICE, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH OUR OFFICE

INSURANCE INFORMATION: WE WILL NEED A COPY OF YOUR INSURANCE CARD(S)

PRIMARY INSURANCE _____
SUBSCRIBER'S NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
SECONDARY INSURANCE _____
SUBSCRIBER'S NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

☐ **PLEASE CHECK HERE IF REFERRED BY A PHYSICIAN** **REFERRED BY:**

NAME _____ PRIMARY PHYSICIAN _____

ADDRESS _____ PHONE NO. _____

(OVER PLEASE)

NEAREST FRIEND OR RELATIVE NOT LIVING WITH YOU

NAME_____ PHONE NO._____

ADDRESS_____CITY_____ STATE_____ ZIP_____

(PLEASE READ AND SIGN)

THESE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE DR. ROBERT O. WILSON TO FURNISH MY INSURANCE COMPANY ALL INFORMATION WHICH THE INSURANCE COMPANY MAY REQUEST CONCERNING MY PRESENT ILLNESS OR INJURY. I AGREE THAT ALL ACCOUNTS IN THIS OFFICE MUST BE PAID IN FULL ON PRESENTATION OF CHARGES UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE: AND IF COLLECTION IS MADE BY ATTORNEY OR COLLECTION AGENCY, I AGREE TO PAY ALL COLLECTION COSTS AND REASONABLE FEES OF THE ATTORNEY.

SIGNATURE_____ DATE _____

Patient/Responsible Party Signature

AUTHORIZATION FOR PAYMENT OF BENEFITS

I AUTHORIZE PAYMENT OF BENEFITS, AS DETERMINED BY THE INSURANCE COMPANY, DIRECTLY TO:

DR. ROBERT O. WILSON

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY BALANCE NOT PAID BY MY INSURANCE COMPANY.

SIGNATURE_____