

Office of Brad Drexler M.D.  
**Patient Registration Information**

DATE \_\_\_\_\_

**PATIENT INFORMATION:**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like to receive our newsletter? (circle one) YES NO

Patient: Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name \_\_\_\_\_ How do you wish to be called? \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Drivers License (State & Number) \_\_\_\_\_

Spouse/Partner's Name \_\_\_\_\_

Spouse/Partner's Employer \_\_\_\_\_ Work Number \_\_\_\_\_

**PATIENT EMPLOYER:** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT:**

Name of person not living with you \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_

**PATIENT REFERRAL INFORMATION:**

How did you hear about us?  Friend  MD  Insurance  Newspaper  Internet  other \_\_\_\_\_

Referred by \_\_\_\_\_ If referred by a friend may we thank him/her YES NO

Names of other physicians who care for you \_\_\_\_\_

**INSURANCE INFORMATION: (please present insurance card(s) to receptionist)**

Insurance Carrier \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING:**

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or other balance not paid for by your insurance.

I directly assign all medical/surgical benefits to **Brad Drexler M.D.** and understand that I am financially responsible for all charges whether or not paid for by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_