

Lansing Urgent Care
Patient Registration Form

Date: _____

Section 1. General Information

Pt Last Name: _____ Pt First Name: _____ MI: _____
Gender: _____ Male _____ Female Date of Birth: _____
Social Security Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Preferred Method of Contact (circle one): home cell work
E-Mail: _____ Primary Care Physician: _____
Emergency Contact: _____ Emergency Contact Phone: _____

Section 2. Insurance Information (Primary Card Holder Information)

If same as above check this box and go to section 3 Relationship to Patient: _____
Insurance Card Holder: _____
Last Name First Name M.I.
Insured's Address: _____
Street Address City State Zip
Insured's Social Security Number: _____ Insured's Phone: _____
Insured's Date of Birth: _____ Insured's Employer: _____

Section 3. Reason for Visit & Co Pay Information

Reason for Visit: _____ Insurance Co-pay Amount: \$ _____
A: Is this visit work related[†]: _____ Yes _____ No *If you answered yes to B or C, please
B: Is this visit Auto Accident Related*[†]: _____ Yes _____ No answer the following:
C: Is this visit related to another accident*: _____ Yes _____ No Accident State: _____
Accident Date: _____
[†]If you answered yes to A or B, please fill out the back of this page

Section 4. Guarantor* Information - This section only needs to be filled out if the patient is a minor or dependant

*The Guarantor is the adult who presents for treatment. In the case of a minor it is the adult that accompanies the patient for treatment or who signed the Authorization to Treat Minor Form

Guarantor's Gender: _____ Male _____ Female
Guarantor*: _____
Last Name First Name M.I.
Guarantor's Social Security Number: _____ Guarantor's Date of Birth: _____
Guarantor's Address: _____
Street Address City State Zip
Guarantor's Phone: _____ Relationship to Patient: _____

Section 5. How did you hear about Lansing Urgent Care?

_____ Billboard _____ Phone Book _____ Noise _____ Insurance _____ The State News
_____ Clinic Sign _____ Friend/Relative _____ Doctor _____ OLIN _____ Wharton Center
_____ Internet _____ Television _____ Radio _____ Movie Theater _____ Other

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Section 6. Employer Information

Employer Name: _____
Contact Name: _____ Contact Department: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Employer Phone: _____ Extension: _____
Employer Fax: _____
If Injury, Date of Injury: _____
Claim Number (if applicable): _____

Section 7. Insurance Information (Primary Card Holder Information)

Auto Insurance Name: _____
Insured's Address: _____
Street Address City State Zip
Claim Number: _____ Claim Adjuster: _____
Claim Adjuster Phone: _____
Date of Injury: _____ Nature of Injury: _____
Police Report #: _____

Thank you for choosing Lansing Urgent Care, it is our pleasure to serve you!