Inland Hematology Oncology Medical Group, Inc.

401-C East Highland Ave. San Bernardino, CA 92404
Phone (909) 886-6806 Fax (909) 883-8132

PATIENT REGISTRATION FORM

(Please Print)

Today's Date:					PCP:		
PATIENT INFORMATION							
Patient's last name: First: Middle:			☐ Mr. ☐ Mrs.	☐ Miss ☐ Ms.	Marital status: Single ☐ Mar ☐ Div ☐ Sep ☐ Wid ☐		
Race:	Ethnicity:	Primary Spoken Language:			Birth date:	Age:	Gender: ☐ M ☐ F
Social Security no.:		Home phone no.: ( )			Cell phone no.: ( )		
Street address:		City:		State:	ZIP Code:		
P.O. box:		City:		State:			
e-mail:		Occupation Employer and address:			Employer phone no.: ( )		
INSURANCE INFORMATION							
(Please give all your insurance cards to the receptionist.)							
Person responsible for bill:	Birth date:	Address (if different):			Home phone no.: ( )		
Occupation:	Employer:	Employer address:			Employer phone no.: ( )		
Is this patient covered by insurance? ☐ Yes ☐ No							
Please indicate name of primary insurance co.							
Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Policy no.:	Group no.:	Co-payment: $		
Patient's relationship to subscriber:	☐ Self	☐ Spouse	☐ Child	☐ Other			
Name of secondary insurance (if applicable):	Subscriber's name:		Group no.:	Policy no.:			
Patient's relationship to subscriber:	☐ Self	☐ Spouse	☐ Child	☐ Other			
IN CASE OF EMERGENCY							
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )				

All of the above information is true to the best of my knowledge.

I hereby authorize and direct all my insurance benefits be paid directly to the physician.

I understand that I am financially responsible for any balance and expenses not paid under this plan.

I hereby authorize Inland Hematology Oncology Medical Group, Inc. or insurance company to release any information required to process my medical claims.

Patient/Guardian signature *Date*

Do you have Durable Power of Attorney/Advanced Directives ☐ Yes ☐ No

If yes, would you like to keep a copy of Durable Power of Attorney/Advanced Directives on file? ☐ Yes ☐ No

08-11