



# MedStar Physician Partners

MPP at Mitchellville  
12158 Central Avenue  
Mitchellville, MD 20721  
Phone: 301-430-2750 Fax: 301-430-2751

## REGISTRATION FORM

### Guarantor Information – Person Responsible For Payment

Guarantor Name (Last)	(First)	(MI)	Sex	Date of Birth	Age	Race
Address	Address Line 2	City	State	Zip Code	Marital Status	
Social Sec. #	Home Phone	Work Phone	Employed	Employer/School		

### Patient Information (IF THIS INFORMATION IS THE SAME AS ABOVE PLEASE LEAVE BLANK)

Patient's Name (Last)	(First)	(MI)	Sex	Date of Birth	Age	Race	Account #
Address	Address Line 2	City	State	Zip Code	Marital Status		
Social Sec. #	Home Phone	Work Phone	Employed	Employer/School			

### Person to Notify In Case of Emergency

Emergency Contact Name	Relationship to Patient			
Address	Address Line 2	City	State	Zip Code
Phone Number (HOME)	Phone Number (CELL)			

**Primary Insurance:** \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Co-payment \$ \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **Subscriber's SS#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient's Relationship to subscriber:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Co-payment \$ \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **Subscriber's SS#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient's Relationship to subscriber:** \_\_\_\_\_

### INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize my attending physician to furnish to the insurance carriers listed above my illness and treatments.

**PATIENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I hereby assign to my attending physician all payments for medical services rendered to myself or my dependents until revoked in writing. I understand that I am responsible for any amount not covered by insurance at the time of service. I also understand that I am responsible for collection and legal costs should it be necessary for this account to be turned over to the collection agency.

**PATIENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_