MR# _____ _____ HAR (Acct. #)_____

Patient Demographics

Name: (Last) _____ (First) _____ (M) _____

Sex: ☐ Male ☐ Female Date of Birth: _____ Social Security #: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Not Employed ☐ Self Employed ☐ Retired ☐ Unknown ☐ Other _____

Employer: _____ Address: _____

Marital Status: ☐ SGL ☐ MAR ☐ SEP ☐ DIV ☐ WID ☐ UNK ☐ Sig Oth ☐ Oth

Primary MD: _____ Speciality MD: _____

Interpreter Needed: ☐ No ☐ Yes Preferred Language _____ Written Language _____

Race: _____ Religion: _____

Patient Contacts

Contact Name: _____

Relation to Pt: _____

Address Same as Pt? ☐ Yes ☐ No Address: _____

Home Phone: Work Phone:

Guarantor/Responsible Party

Relation to Pt: ☐ Pt. ☐ Spouse ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

Guarantor Name: _____

Address: _____

Home Phone: Work Phone:

Coverage Information

Plan 1: _____	Plan 2: _____
Insurance ID: _____	Insurance ID: _____
Group #: _____	Group #: _____
Group Name: _____	Group Name: _____
Billing Address: _____	Billing Address: _____
Member Effective To Date Effective From Date:	Member Effective To Date Effective From Date:
Subscriber : _____	Subscriber : _____
DOB: _____ SS# _____	DOB: _____ SS# _____
Relation to Pt: _____	Relation to Pt: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
Auth/Precert #: _____	Auth/Precert #: _____
Tele # for Precert: _____	Tele # for Precert: _____

Accident Info

Accident Related ☐ Yes ☐ No _____ Accident Type: ☐ Auto ☐ Work ☐ Crime ☐ Other _____

Place: _____ Nature of Accident: _____

Payment Collected->amt $ _____ ☐ Prepay ☐ Copay ☐ Deductible ☐ Deposit ☐ Not Covered/Self

Documents and Form completion information

Documents Collected:

☐ Photo ID

☐ Consent

☐ Insurance Card

☐ Other _____

Form Completed By: _____ Date Entered: _____

Entered in System by: _____ Time Entered: _____

Patient Identification

Allegheny Health Network

Patient Registration Downtime Form (Ambulatory)

Revised: 09/05/2014

Part of Medical Record – File under _____ Tab