

Insurance cards copied

Date: 22/2/20

# Patient Registration Information

Account #:9609785

Insurance #: EHC card

Co-Payment: \$ 3456

**Please PRINT AND complete ALL sections below!**

Is your condition a result of a work injury? NO An auto accident? YES Date of injury: 20/02/20

### PATIENT'S PERSONAL INFORMATION

Marital Status:  Married

Sex:  Female

Name: :    Kane       Margaret       M.K     
Last name First Name initial

Street Address: 1667 City: Washington State: Washington Zip: 98004

Home phone: (548)6788986 Work phone: (678) 4909 Social Security # 5467484737

Date of Birth: 12/04/1990 Driver's License: (State & Number) Washington, 112345876  
Month day year

Employer / Name of School    In star Technologies     Full Time

Spouse's Name:    Kane       Paul       P.K    Spouse's Work phone: (678) 9048796  
last name First Name Initial

How do you wish to be addressed? Phone call Social Security # 546748737

### PATIENT'S / RESPONSIBLE PARTY INFORMATION

Responsible party:    Lewis Jimmy    Date of Birth :    5/11/1988   

Relationship to Patient:  Other Social Security #    6785896953   

Responsible party's home phone: ( 567 ) 8985674 Work phone : ( 523)6758901

Address:    1667    City: Washington State: Washington Zip:    98004   

Employer's name:    Lewis Jimmy    Phone number: ( 523) 6758901

Address:    1667    City:    Washington    State:    Washington    Zip:    98004   

Your occupation:    Sales and Marketing   

Spouse's Employer name:    Not Married    Spouse's Work Phone: N/A

Address:    N/A    City:    N/A    State:    N/A    Zip:    N/A   

### PATIENT'S INSURANCE INFORMATION

Please present insurance cards to receptionist.

PRIMARY insurance company's name:    In Star Technologies   

Insurance address:    78694    City:    Washington    State:    Washington    Zip: 98004

Name of insured:    Margaret Kane    Date of Birth:    12/04/1990    Relationship to insured: Employee

Insurance ID number:    6785672    Group number:    F   

SECONDARY insurance company's name:    Lewis Sales   

Insurance address:    39860    City:    Washington    State:    Washington    Zip:    98004   

Name of insured:    Lewis Jimmy    Date of Birth:    5/11/1988    Relationship to insured: Employer

Insurance ID number:    5432256    Group number:    H   

Check if appropriate:  Medigap policy

### PATEIENT'S REFERRAL INFORMATION

Referred by:    Jane Jenifer    If referred by a friend, may we thank her or him? YES

Name(s) of other physician(s) who care for you:    Paul Kane   

### EMERGENCY CONTACT

Name of person not living with you:    Clarke Mark    Relationship:    sister   

Address:    867382    City:    Toronto    State:    Canada    Zip:    M4B 1B9   

Phone number (home): (604) 578 6785 Phone number (work): (    786    ) 893 9084

### Assignment of Benefits · Financial Agreement

I hereby give lifetime authorization for payment of insurance benefits to be made directly to    Margaret Kane   , and any assisting physicians, for services rendered. I understand that I am financially responsible for all charges whether on not they are covered by insurance. In the event of default, I agree to pay all costs of collection, and reasonable attorney's fees. I hereby authorize this healthcare provider 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.

Date:    22/02/20    Your signature:    L.w   

Method of payment:  Check

PATIENT REGISTRATION