



4070 Lake Dr SE, Suite 101
 Grand Rapids, MI 49546
 (P) 616-455-4114 (F) 616-455-4454

NEW PATIENT REGISTRATION FORM

Date: _____ Which Provider are seeing? _____ How did you hear about our Practice? _____

First Name	Middle Initial	Last Name	DOB
Address		City, State	Zip Code
Home Phone	Cell Phone	Email Address	
Gender: ___ M ___ F ___ Other Marital Status: ___ M ___ S		Ethnicity: ___ White ___ Black or African American ___ Asian ___ American Indian or Alaska Native ___ Native Hawaiian or other Pacific Islander	
		Race: ___ Hispanic or Latino ___ Not Hispanic or Latino	

If billing information is not the same as above, please complete the section below

First Name	Middle Initial	Last Name	Relationship
Address		City, State	Zip Code
Home Phone	Cell Phone	Email Address	

INSURANCE INFORMATION

(Please bring your insurance card(s) and driver's license to your appointment)

	Primary Insurance	Secondary Insurance
Name of Insurance		
Name of Insured		
Member identification #		
Group #		
Phone #		

EMERGENCY CONTACT

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Authorization and Release

I authorize the release of any information including the diagnosis and the records of any treatments or examination rendered to me or my child during the period of such care to third party payers and/or other health practitioners. I authorize and request my insurance company to pay directly to the doctor or doctor's group insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I hereby give the practice my consent to check my external prescription history. I authorize WMFH physicians to treat me or my minor child.

Patient (Parent/Legal Guardian, if minor) Signature

Date

** WMFH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex