

Patient Registration

Olympia Family Health
Robin E. Moore, N.D.
3773 C Martin Way E, Suite 102
Olympia, WA. 98506

Date: _____ Cell Phone() _____ Home Phone() _____

Patient: _____ Date of Birth _____

Preferred Name _____

Responsible Party (if a minor): _____

Street Address : _____ Email: _____

City: _____ State: _____ Zip: _____ M/ F/ O _____

Sex assigned at birth _____ How would like to have your gender identified as?

Please provide preferred pronoun: _____

Name of Primary Physician (PCP): _____

Preferred Pharmacy: _____

Employer: _____ Occupation: _____ Work Phone: _____

Which numbers may we leave appointment reminders and /or Medical Content at? (please circle your choices) **Home** **Work** **Cell** **Text** **Other:** _____

You may share general information with the following person: _____

Relationship: _____ Date of birth: _____

PLEASE PROVIDE YOUR INSURANCE CARD (S) TO COPY

Do you have **Medicare?** Yes _____ No _____

Name of Primary Insurance: _____ Policy Holder: _____

Subscriber/ID #: _____ Policy Holder _____

Name of Secondary Insurance: _____ Group #: _____

Subscriber/ID#: _____ Group#: _____

In case of Emergency Contact: _____

Relationship: _____ Phone number _____

Authorization: Insurance Acknowledgement & Release

I certify that I have insurance coverage and assign directly to Robin E. Moore N.D. all insurance benefits, if any, otherwise payable to me for services rendered. **I understand that I am financially responsible** for all charges whether pr not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named insurance company (s) and their agents for the purpose of obtaining payment for services and determining insurance benefits payable for the related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

Signature and printed name of Beneficiary, Guardian or Personal Representative

Date Signed
