

# Family Physicians of Kansas Patient Registration Form

We are required to capture demographic data including your preferred language, race and ethnicity. This is an important part of your medical history and will assist us during our clinical quality improvement process. Please complete the information below.

Patient's Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex: M / F

email \_\_\_\_\_

Race(s): \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Ethnicity: (check one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ NOT Hispanic or Latino

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate if Home (H), Cell (C), or Work (W) number

Preferred phone: \_\_\_\_\_ H C W Alternative phone: \_\_\_\_\_ H C W

Patient's (or parent's) employer \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse (or parent, if patient is a minor) Name \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest relative not living with patient \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Whom may we contact in case of emergency? \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to patient \_\_\_\_\_

If guarantor (person responsible for payment of services) is not the patient -

Guarantor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Assignment of benefits:

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to Family Physicians of Kansas, L.L.C. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payments of said benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_