PATIENT REGISTRATION: GRUENWALD & COMANDATORE, MDs

Date	Account ID	Chart ID	Other ID	Internal Use

PATIENT INFORMATION

Last Name	First Name	Middle	Gender	Marital Status	Date of Birth	Age	Social Security #

Address	Home Phone Cell Phone	How did you hear of us?
City / State / Zip Code	Work Phone	

Emergency Contact Name	Relationship to Patient	Contact #	Pharmacy	Pharmacy Phone

Previous Physician	Address	Phone #

MEDICAL INSURANCE NAME & ADDRESS	POLICY HOLDER	RELATIONSHIP TO PT	POLICY ID	GROUP ID
1.				
2.				
3.				

GUARANTOR (Person to be billed if different than the patient)

1. Last Name	First Name	Middle	Gender	Marital Status	Date of Birth	Social Security #

Address	Home Phone	Cell Phone	Work Phone	Occupation
	Employer Name	Address		Email Address

2. Last Name	First Name	Middle	Gender	Marital Status	Date of Birth	Social Security #

Address	Home Phone	Cell Phone	Work Phone	Occupation
	Employer Name	Address		Email Address

APPROVED CONTACTS

1. Last Name	First Name	Middle	Gender	Rel. to Patient	Date of Birth	Social Security #

Address	City	State	Zip Code	Home Phone	Cell Phone	Work Phone

2. Last Name	First Name	Middle	Gender	Rel. to Patient	Date of Birth	Social Security #

Address	City	State	Zip Code	Home Phone	Cell Phone	Work Phone

PATIENT'S OR GUARANTOR'S AUTHORIZATION

I, the undersigned, give my authorization to treat and assign directly to Gruenwald & Comandatore, MDs all medical benefits, if any, otherwise payable to me for all services rendered. I understand that I am ultimately financially responsible for all charges, whether or not paid by my insurance, and that I will be billed an additional $50.00 or 20% of the balance owed, whichever amount is greater, if my account is referred to an outside agency or attorney for collection. I further understand that payment is expected at the time of service. I hereby authorize the doctors to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions. I acknowledge receipt of the Practice's Notice of Privacy Practices, and authorize Gruenwald & Comandatore, MDs to use and disclose my health information for purposes of treating me, obtaining payment for all services rendered to me, and to conduct any and all healthcare operations.

SIGNATURE	DATE SIGNED	GRUENWALD & COMANDATORE, MDs 90 Millburn Avenue, Suite 101 Millburn, NJ 07041 **Tel # 973-378-7990 * Fax # 973-378-7991**

PLEASE ATTACH ALL PERTINENT INSURANCE ID CARDS FOR PHOTOCOPYING.