

Andrew R. Altman MD PA
 137 NW 100th Ave.
 Plantation, FL 33324



Andrew R. Altman M.D. P.A.

REGISTRATION

Patient Information

Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Age	SocialSec. #
Address			Home:		How did you hear of us?		
Address 2			Work:				
			Cell:				
			Email:				
City	State	Zip Code	Employer Name & Address			Occupation	
Emergency Contact		Phone	Pharmacy			Pharmacy Phone	

Physician

Medical Insurance	Name & Address	Policyholder	Relationship	Policy ID	Group ID
1					
2					
3					

Guarantor(Person to be billed, if different than patient)

1. Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Age	SocialSec. #
Address			Home:		Work:		Email:
City	State	Zip Code	Employer Name & Address			Occupation	
2. Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Age	SocialSec. #
Address			Home:		Work:		Email:
City	State	Zip Code	Employer Name & Address			Occupation	

Approved Contacts

1. Last Name	First Name	Relationship			Home Number		
Address		City	State	Zip Code	Cell:	Work:	
2. Last Name	First Name	Relationship			Home Number		
Address		City	State	Zip Code	Cell:	Work:	

Patient's or Authorized Person's Signature

I the undersigned give my authorization to treat and assign directly to Andrew R Altman MD PA, all medication benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and covered charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that payment is expected at the time of service. I acknowledge the receipt of the Practice's Notice of Privacy Practices. I authorize the Practice to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting health care operations.

Signature _____ Signature Date _____

X

Please attach all pertinent insurance ID cards for photocopying.