Date _____

Lassen Medical Group
2450 Sister Mary Columba Drive
Red Bluff, CA 96080-4396
(530) 527-0414

20833 Long Branch Drive
Cottonwood, CA 96022
(530) 347-3418

PATIENT REGISTRATION

Patient Information

Name: _____
(Last) (First) (Middle)

Address: _____ Email Address: _____

City: _____ State _____ Zip Code: _____

Telephone (Home): _____ (Work and Cell Phone): _____

Birthdate: _____ Sex: M F Marital Status: M W D S

Social Security Number: _____ Employer: _____

Physician you are seeing: _____

Person to contact in emergency (Not living with you): _____

Emergency Telephone: _____ Relationship: _____

Responsible Party

Party responsible for payment: Self Spouse Parent Other

Name (if other than Self): _____

Address: _____

City: _____ State _____ Zip Code: _____

Social Security Number: _____ Birthdate: _____

Employer: _____ Business Phone: _____

Business Address: _____

Spouse

Name _____

Social Security Number: _____ Birthdate: _____

Employer: _____ Business Phone: _____

Primary Insurance

Primary Medical Insurance: _____

Insured Party: Self Spouse Parent Other

ID #/Social Security Number: _____ Group/Plan Number: _____

Name (If other than Self): _____

Address: _____

City: _____ State _____ Zip Code: _____

Secondary Insurance

Secondary Medical Insurance: _____

Insured Party: Self Spouse Parent Other

ID #/Social Security Number: _____ Group/Plan Number: _____

Name (If other than Self): _____

Address: _____

City: _____ State _____ Zip Code: _____