Registration Form

CLIENT REGISTRATION

CLIENT NAME:
_____

RESPONSIBLE PARTY: (if under the age of 18))
_____

ADDRESS: _____
_____

TEL (HOME): _____
TEL (OFFICE): _____
TEL (CELL): _____

EMAIL: _____

DATE OF BIRTH: _____ AGE: _____

GENDER: male female

EMERGENCY NAME(S) & NUMBERS: _____
_____
_____
_____

How did you hear about my practice? (please check one)

☐ Physician _____
☐ Website
☐ Internet
☐ Non-physician referral
☐ Phone book
☐ Other _____

PAYMENT POLICIES & AUTHORIZATION:

I authorize Samuel D. Smithyman, Ph.D., and/or his agents to collect fees for services rendered to me and/or any other persons for whom I am responsible. I agree to pay in full at the time of service and/or within 30 days of any statements sent to me unless prior written agreement has been made with my provider. I agree to provide no less than 24 hours' notice when canceling or changing my appointments, so that others have the opportunity to schedule an appointment in my place. I understand that when I give less than 24 hours' notice for cancellations, I will be responsible for the **full fee** (not to exceed the routine cost of that appointment). I understand that failure to show for any appointment not cancelled or rescheduled prior to its start time, will result in the routine consultation fee (not to exceed the routine cost of that appointment). I acknowledge that Dr. Smithyman may not be a participating provider with my insurance carrier and that if he is not, then he will not submit insurance claims for me. If I choose to submit claims on my own behalf, Dr. Smithyman will provide me with a reimbursements will be sent directly to me and not to him.

SIGNATURE: _____
DATE: _____

Cash and personal checks are welcomed, but many patients find it convenient and preferable to allow this office to hold on file a credit or debit card to facilitate transactions; it will provide you a monthly record of expenditures.

CREDIT CARD INFORMATION:

TYPE: ☐ **VISA** ☐ **MASTERCARD** ☐ **AMEX** ☐ **DISCOVER**
CARD NUMBER: _____ EXP: _____
NAME ON CARD: _____
SECURITY CODE: _____ (last 3 digits from the signature space on back of card; if Amex, the 4 #s above the card # on front of card)

AUTHORIZING SIGNATURE:

_____