

BURLINGTON MEDICAL ASSOCIATES

Comprehensive Primary, Specialty and Preventive Health Care

PATIENT REGISTRATION FORM

Patient Name

Street Address

City State Zip

Home Phone Cell Phone

Work Phone Usual Provider

Patient # Social Security #

Date of Birth Sex

Marital Status Other Name

Email

EMERGENCY CONTACT INFORMATION

Contact Name Home Phone

Relationship Work Phone

PRIMARY INSURANCE INFORMATION

Insurance Name Primary Ins. Copay \$

Street Address Subscriber Name

City Sub. Address

State Zip Sub. City

Phone Sub. State Zip

Certificate Sub. DOB

Group # Sub. SSN

Effective Date Sub. Employer

Patient Relationship to Subscriber

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SECONDARY INSURANCE INFORMATION

Insurance Name Subscriber Name

Street Address Sub. Address

City Sub. City

State Zip Sub. State Zip

Phone Sub. DOB

Certificate Sub. SSN

Group # Sub. Employer

Effective Date Patient Relationship to Subscriber

ASSIGNMENTS OF BENEFITS

Authorization to pay benefits to physician:
I hereby authorize payment directly to the undersigned Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for services as described.

.....
Signature of Patient Date

MEDICARE PATIENTS ONLY LIFETIME ASSIGNMENT OF MEDICARE BENEFITS

I request that payment of authorized Medicare benefits be made to me or on my behalf to the above referenced Medical Practice for services furnished to me. I authorize any holder of medical information about me to release to the Health Care Financing Administration (HCFA) and its agents, any information needed to determine these benefits or the benefits payable for related services.

.....
Signature of Patient Date

Authorization to release information: I hereby authorize the Undersigned Physician to release any information acquired in the course of my examination or treatment to the insurance company or any other party involved in the reimbursement for the claim.

.....
Signature of Patient Date

FOR OFFICE USE ONLY

Registration Form Signed

HIPPA Form Signed

Insurance Card Scanned

BURLINGTON MEDICAL CENTER

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BillERICA, MA 01821
Phone: 781-505-8700

WOBURN OFFICE

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Woburn, MA 01801
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