Jill Russell, MS/CCC-SLP
Patient Registration

Patient's Name (First)____________________(MI)_____ (Last)_________________________________
Address____
City_______________________ State______ Zip________ Home Phone (_____)___________________
Date of Birth____________________________ SS#________________________ Sex M/F

Mother's Name (First_________________(MI)_____(Last)_____________Driver's License#_________
Address____
City_______________________ State_______ Zip_____ Home Phone (_____)____________________
Date of Birth _______________ SS#_________________ Work Phone (_____)___________________
Employer___________________Address____

Father's Name (First)____________________(MI)____(Last)______________Driver's License#______
Address____
City _______________________ State_______ Zip_____ Home Phone (_____)___________________
Date of Birth _______________ SS#_________________ Work Phone (_____)___________________
Employer___________________Address____

Primary Insurance____________________________ Secondary Insurance________________________
Address_____________________________________ Address_____________________________
Phone ______________________________________ Address_____________________________
Group#_____________________________________ Group#_____________________________
ID#____ ID#_________________________________
Subscriber Name______________________________ Subscriber Name __________________________
Effective Date ______________Co-Pay____________ Effective Date_______________ Co-Pay_______

ASSIGNMENT OF BENEFITS AND AGREEMENT OF FINANCIAL RESPONSIBILITY: I hereby assign to Jill Russell all insurance benefits due for services rendered. I understand that I am responsible for balances as stated by my insurance company and that I am fully responsible for those services which are not a covered benefit of my insurance plan.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Jill Russell to release to the insurance company named above any information acquired in the course of my treatment.

Signature____ Date ____________________

Email address: ____