



Towson Surgical Center REGISTRATION FORM

(Please Print)											
Today's date:					Surgeon:			PCP:			
PATIENT INFORMATION											
Patient's last name:			First:			Middle:					
Is this your legal name?		If not, what is your legal name?			(Former name):			Birth date:	Age:	Sex:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No							/ /		<input type="checkbox"/> M	<input type="checkbox"/> F
Street address:				Social Security no.:			Home phone no.:				
							()				
P.O. box:		City:			State:		ZIP Code:				
INSURANCE INFORMATION											
(Please give your insurance card to the receptionist.)											
Please note that for all ORAL SURGERY patients, the surgical center will bill your medical insurance and not dental. Please DO NOT submit dental cards as they are not accepted for facility or anesthesia services. Please see the receptionist with questions.											
Person responsible for bill:		Birth date:		Address (if different):				Home phone no.:			
		/ /						()			
Is this patient covered by insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Please indicate primary insurance											
Subscriber's name:		Subscriber's S.S. no.:		Birth date:		Group no.:		Policy no.:			
				/ /							
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse		<input type="checkbox"/> Child	<input type="checkbox"/> Other					
Secondary insurance (if applicable):			Subscriber's name:				Group no.:		Policy no.:		
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse		<input type="checkbox"/> Child	<input type="checkbox"/> Other					
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the surgery center. I understand that I am financially responsible for any balance. I also authorize Towson Surgical Center to release any information to my insurance required to process my claims.</p>											
<i>Patient/Guardian signature</i>							<i>Date</i>				