STEPHEN K. BUTO, M.D.

Patient Registration Form **(PLEASE PRINT CLEARLY)**

Patient Info	Patient's Name (Last) (First) (Middle)	Birth date / /
	Address	Sex ☐ Male ☐ Female
	City State Zip	Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced
	Home phone Cell phone/Pager Work phone	Social Security #
	Employer/School Occupation:	Email
	Race (Please check all that apply) ☐American Indian ☐Alaska Native ☐Asian ☐Native Hawaiian ☐Other Pacific Islander ☐African American ☐White ☐Hispanic ☐Other:	Language (Spoken at home)
Billing Info	Person responsible for bill (**if different from above**)	Relationship to patient
	Address	Social Security #
	City State Zip	Employer
	Home phone Work phone	Occupation
Insurance Info	**Primary Insurance :**	ID #
	Is this insurance through a current employer ☐ or a retiree ☐	Name of current employer if applicable
	Secondary Insurance:	ID #
	Is this insurance through a current employer ☐ or a retiree ☐	Name of current employer if applicable
	Tertiary Insurance:	ID #
	Is this insurance through a current employer ☐ or a retiree ☐	Name of current employer if applicable
Emergency Info (authorizing us to release emergency information)	Patient's Spouse or nearest relative:	Phone: Relationship to patient:
	Name of nearest Friend/Relative not living with you:	Phone: Relationship to patient:
Referred by:		

I request that payment of authorized Medicare and/or insurance benefits be made either to me or on my behalf for any services furnished me by Stephen K. Buto, M.D. I authorize any holder of medical or other information about me to release to the Centers for Medicare and Medicaid Services, its agents, and/or any other insurance company any information needed to determine these benefits or benefits for related services.

I understand that I am financially responsible for all charges whether or not they are covered by insurance.

____________________________ ____________

Signature of Patient Date

If patient is a minor: The patient above has my permission to be treated by Stephen K. Buto, M.D.

____________________________ ____________

Signature of parent or legal guardian Date

Rev 04/08/2016