



Valley Surgical Specialists

A MEMBER OF COMMUNITY FOUNDATION MEDICAL GROUP & PART OF SANTE HEALTH FOUNDATION

Valley Surgical Specialists Medical Group
BSV Medical Pavilion
782 Medical Center Drive East #101
Clovis, CA 93611
(559) 256-4111

Valley Surgical Specialist Medical Group Patient Registration Form

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Please print. Present Photo ID and Insurance cards for registration. Account Number: (office use only)

Form section containing personal information: Mr., Mrs., Ms., Single, Married, Divorced, Widowed, Separated, Dom. Partner, Unknown. Fields include First Name, Middle, Last, Suffix, Address, City, State, Zip, Home Phone, Work Phone, ext, Cell Phone, MessagePhone, E-Mail, Social Security Number, Driver's License Number, State, Date of Birth, Age, Minor, Yes, No, Gender, Male, Female, Race, Ethnicity, etc.

Form section containing employment information: Self Employed, Unemployed, Disabled, Retired, Student FT, Student PT, Homemaker. Fields include Employed - Employer Name, Employer Address, City, State, Zip.

Form section containing medical history: Referring Physician, Primary Care Physician, Pharmacy Name. Fields include Phone Number, Location.

Form section containing emergency contact information: Emergency Contact (not living with you), Phone, Relationship.

Form section containing relationship information: If married, minor, or special dependent, please complete relationship information below. Fields include Relationship, Full Name, Date of Birth, Address, City, State, Zip, Work Phone, Cell Phone, Social Security Number, Employer Name, Employer Address.

Form section containing insurance information: Insurance Information, Primary Insurance Company, Group Number, Policy Number, Subscriber Name, Relationship to patient, Subscriber DOB, Secondary Insurance Company, Group Number, Policy Number, Subscriber Name, Relationship to patient, Subscriber DOB.

I verify that this information is true and correct as of this date.

Signature: Date: