

Patient Registration Form

Date: _____

Patient Information

Patient Name: _____

Date of Birth: _____ Gender: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Marital Status: _____ Preferred Language: _____ Race: _____

Ethnicity: Hispanic or Latino | Not Hispanic or Latino | Prefer Not to Answer

How did you hear about us? _____

Pharmacy Information

Preferred Pharmacy: _____

Pharmacy Address: _____

City: _____ State: _____ Zip: _____

Pharmacy Phone: _____

Insurance Information

Insurance Company: _____

Subscriber Name: _____

Subscriber Date of Birth: _____ Subscriber SSN: _____

Relationship to Patient: _____

Policy #: _____ Group #: _____

Secondary Insurance Name: _____

Subscriber Name: _____ Date of Birth: _____

Responsible Party *(If patient is not financially responsible for account)*

Responsible Party Full Name: _____

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship to Patient: _____

Motor Vehicle Accident *(If this visit is a result of a motor vehicle accident, the following information is required)*

Auto Insurance Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Claims Adjuster / Contact: _____ Phone: _____

Policy Holder's Name: _____ Birthdate: _____

Claim Number: _____

X: _____ Date: _____

Signature of Patient or Guarantor



Village Improvement Association of Doylestown
The Village Improvement Association of Doylestown (VIA) founded Doylestown Hospital, and today VIA members continue to oversee the governance of Doylestown Health. To learn more or become a member, visit VIA-Doylestown.org.

Nondiscrimination Statement
Doylestown Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al +1.215.345.2200.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 +1.215.345.2200.