



Account No.		Entered Date
Reg. By		Office Site
<input type="checkbox"/> New	<input type="checkbox"/> Change	Info. Change:

Client Registration Form

Please complete this form in order to ensure proper billing of your services. **Please Print.** Today's Date: _____

Client Information

Last Name: _____ Social Security Number: _____

First Name: _____ MI _____ Date of Birth: _____

Preferred Name: _____

Gender: _____

Marital Status: Single Married Widowed
 Separated Divorced Other

Addr1: _____

Addr2: _____

City, State, Zip: _____

Preferred Method of Contact: Alt Phone Number Email
 Letter Phone Call (Cell) Phone Call (Home)

Driver's License # (DL# _____ State(ST _____

Emp. Status: Employed Full Time Employed Part Time
 Unemployed Disabled Homemaker
 Student Active Military Self-Employed Other _____

Language: English Spanish Other _____

Please check all that apply:
 American Indian Asian African American
 Native Hawaiian/Pacific Islander White Other
 Unknown Hispanic or Latino Jewish
 Veteran

Home Phone: (_____) _____

Alt Phone: (_____) _____

Home E-Mail: _____

Cell Phone: (_____) _____

Employer: _____

Address: _____

City, State, Zip: _____

Work Phone: (_____) _____

INSURANCE INFORMATION

PRIMARY CARRIER: _____ Telephone #: (_____) _____

Address: _____ ID/Cert #: _____

Group/Plan #: _____ Effective Date: _____ Subscriber's Name: _____

Subscriber's DOB: _____ SSN: _____ Sex: M F Relationship to Patient: _____

SECONDARY CARRIER: _____ Telephone #: (_____) _____

Address: _____ ID/Cert #: _____

Group/Plan #: _____ Effective Date: _____ Subscriber's Name: _____

Subscriber's DOB: _____ SSN: _____ Sex: M F Relationship to Patient: _____

Primary Care Phys.: _____ Refer. Phys. (if different): _____

Address: _____ Address: _____

City, St., Zip: _____ City, St., Zip: _____

Telephone #: _____ Telephone #: _____

Guarantor Information

Please complete if guarantor is other than self. {Guarantor is the person financially responsible for this client's bill.}

Guarantor: _____ Client's Relationship to Guarantor: _____
Addr1: _____ Social Security Number: _____
Addr2: _____ Date of Birth: _____ Sex: M F
City, State, Zip: _____ Home Phone: (_____) _____
Employer: _____ Cell Phone: (_____) _____
Address: _____ City, State, Zip: _____
Work Phone: (_____) _____
Driver's License # (DL# _____ State(ST) _____ Guarantor E-Mail: _____

Emerg. Cont.: _____ Client's Relationship to Emerg. Cont.: _____
Home Phone: (_____) _____
Alt Phone: (_____) _____ Cell Phone: (_____) _____

How did you hear about us? Brochure Health Fair Health Plan Internet Mailing Phone Book
 Church/Synagogue Physician's Office Relative/Friend Professional, who _____

Assignment of Benefits

I authorize JFCS to file insurance claims on my behalf. I authorize any information, medical or otherwise necessary to process any claims to be released to JFCS. I direct that all such payments be remitted directly to JFCS. I assign to JFCS all my rights under any insurance contracts for payment for services rendered to me by JFCS. The assignment of benefits has been explained to my full satisfaction, and I understand its nature and effect.

Signature Required

The undersigned acknowledges that I have read and understand the above terms and conditions.

X _____
Clients Name (Please Print) Client's Signature

Guarantor/Parent/ Guardian completing this form (Please Print) Date

X _____
Guarantor/Parent/ Guardian Signature Date

REMINDER CALL

JFCS is dedicated to providing effective, affordable, and accessible service to the community of Southern New Jersey. In an effort to maximize our ability to serve the community, we are working to reduce our cancellation rate. We would like to provide you with a reminder call 72 hours before your scheduled appointment, In order to ensure your confidentiality is preserved, please provide us with a telephone number where we may leave a message.

- I consent to a reminder call: Phone (_____) _____
 I do not consent to have a reminder call

I understand 48 hours notice is required except in emergency situations. Failure to receive a reminder call is not an excused missed appointment fee.

Client's Signature

Date
