

Demetrios J. Karamichos, MD RPVI, RVT, DABVLM, FAAFP

REGION VEIN PATIENT REGISTRATION FORM

(PLEASE PRINT) PATIENT INFORMATION			Today's date:	
Name:	FIRST MI	Age:	Date of Birth:	
Mailing Address:	CITY		STATE	ZIP CODE
Home Phone:			Cell Phone:	
Email Address:		Work Email Addre	ess:	
Sex: Marital Status:	Spouse's Name:			
Driver's License Number:	SS	N:		
Employer:	Employer Address:			
Primary Care Physician:	РСР	Address:		

PARENT OR RESPONSIBLE PARTY (if different from Patient)

Name:					
LAST		FIRST MI			
Mailing Address:					
STREET		CITY	STATE	ZIP CODE	
Home Phone:		Work Phone:	Cell Phone:		
Date of Birth:	SSN:	Re	elationship to Patient:		
Employer:		Employer Address:			

INSURANCE INFORMATION

Primary Insurance Co. Name:	Policy Holder:
Policy Holder Date of Birth:	_ Relationship to Patient:
Member ID:	_Group Number:
Secondary Insurance Co. Name:	Policy Holder:
Policy Holder Date of Birth:	_ Relationship to Patient:
Member ID:	_Group Number:

EMERGENCY CONTACT

Name:	_ Phone Number:
I hereby authorize the above practice to disclose or receive any or all information relating to my evaluation at this office physicians as may be selected by my attending physician, at his or her discretion, for the purpose of obtaining further or I hereby authorize release of information necessary to file a claim with my insurance company and ASSIGN BENEFITS I am responsible for any referrals and/or authorizations required by my insurance company. I understand I am financia I understand that the above practice is not responsible for collecting on an insurance claim or negotiating a settlemen for non-covered services.	diagnosis and/or treatment which he or she believes is indicated. OTHERWISE PAYABLE TO ME TO THE DOCTOR OR GROUP INDICATED ON THE CLAIM. Illy responsible for any balance not covered by my inssurance.

I understand that the above practice is not in the business of extending credit and I agree to pay the above practice at the time the bill is presented. If prompt payment is not made, the above practice may take action to collect its charges.

Signature:	
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