



DESERT PAIN MANAGEMENT

291 N Pecos Rd Ste A Henderson, NV
Phone 702-684-6000 Fax 702-684-6002

6845 W Charleston Blvd Las Vegas, NV
Phone 702-240-8318 Fax 702-240-8331

-Patient Registration Form-

Patient Information

Last Name _____ First Name _____ Middle Name _____
 Date of Birth _____ Age _____ Referring Phys _____
 Your Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Social Security _____ Marital Status _____ Sex _____
 Emergency Contact _____ Relationship _____ Phone _____
 Pharmacy Name _____ Location _____ Phone _____
 Employer _____ Location _____ Phone _____

Responsible Party for patient (Guarantor)

Name _____ Relationship _____ Phone _____
 Address _____

Insurance (For workers comp, No-Fault and other Liability also complete an Accident information Form)

- (1) Primary Insurance _____
 Subscriber _____ Subscriber DOB _____ Relationship to Pt _____
 Policy # _____ Group # _____
- (2) Secondary Insurance _____
 Subscriber _____ Subscriber DOB _____ Relationship to Pt _____
 Policy # _____ Group # _____

Signatures-Please review each paragraph below and align where indicated

Assignment of Benefits

I hereby authorize payment directly to the physician of the surgical or medical benefits, if any, for his services, I realize I am responsible for non-covered services, co-payments and deductibles, I also understand that this assignment does not relieve my liability on these services.

Signature _____ Date _____

Release of Information

I hereby authorize the physician to release any information acquired In the course of my treatment, including the coordination of care with other providers and the processing of insurant claims,

Signature _____ Date _____

Consent For Treatment

_____, the patient or the parent, legal guardian of said patient do hereby give my consent for medical examination and treatment under the care of the practice and deemed necessary by It.

Signature _____ Date _____

Collection Fees

A collection agency or lawyer will be used on all delinquent accounts, Extra charges Including but not limited to finance charges, collection agency fees, attorney fees, court costs will be added to the balance. Your signature will attest to your understanding of these terms.

Signature _____ Date _____