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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT INFORMATION:** | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | First Name: | | | | | | | | | |
| Middle Name: | | | | | | | | | | Maiden/Other: | | | | | | | | | |
| Birthdate: | Sex:  M  F | | | | | | | | | Social Security Number: | | | | | | | | | |
| Home Phone: | | Cell Phone: | | | | | | | | | | | Other Phone: | | | | | | |
| Address: | | City: | | | | | | | | | | State: | | | | | Zip: | | |
| Have you ever registered at any EH facility under any other name? | | | | | | | | | | Yes  No | | What Name? | | | | | | | |
| Employer: | Occupation: | | | | | | | | | | | Employer’s Phone: | | | | | | | |
| Employer’s Address: | | | | City: | | | | | | | State: | | | | | Zip: | | | |
| **PERSON TO NOTIFY** (In Case of Emergency) | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Relationship: | | | | | | | | Phone: | | | | | | |
| Address: | | | | | City: | | | | | | | State: | | | | | | | Zip: |
| **PERSON ULTIMATELY RESPONSIBLE FOR BILL IF DIFFERENT FROM PATIENT** (Guarantor/Responsible Party) | | | | | | | | | | | | | | | | | | | |
| Name: | | | Relationship: | | | | | | | | | Phone: | | | | | | | |
| Address: | | | City: | | | | | | | | | State: | | | | | | Zip: | |
| **PRIMARY INSURANCE** | | | | | | | | | | | | | | | | | | | |
| Insurance Company Name: | | | | | | | | | Insurance ID #: | | | | | | Group #: | | | | |
| Policy Holders Last Name: | | | | | | | First Name: | | | | | | Middle Name: | | | | | | |
| Birthdate: | | | | | | | | | | | | | | | | | | | |
| **SECONDARY INSURANCE** | | | | | | | | | | | | | | | | | | | |
| Insurance Company Name: | | | | | | | | Insurance ID #: | | | | | | Group #: | | | | | |
| Policy Holders Last Name: | | | | | | First Name: | | | | | | | Middle Name: | | | | | | |
| Birthdate: | | | | | | | | | | | | | | | | | | | |

**Essentia Health**

[](https://www.bing.com/images/search?view=detailV2&ccid=JRljThDK&id=14BD6402E169D002721B975EB55BBE96F74192F3&thid=OIP.JRljThDKLDGS0rrRJjZz5wAAAA&mediaurl=https%3a%2f%2fwww.jobshq.com%2fgetasset%2f04512b6f-fc17-4af5-8d02-07ffd5341e6e%2f&exph=180&expw=360&q=essentia+health+logo&simid=608013657068340605&ck=3B9389F99CDB56353652B84B87FB065C&selectedIndex=0&adlt=strict&FORM=IRPRST)**Registration Form**