

Quail Creek Medical Building

800 Quail Creek Dr.

Amarillo, TX 79124

Amarillo Colon and Rectal Clinic P.A Suite #103

(P) 806.385.7911 (F) 806.358.9600

Amarillo Colonoscopy Center L.P d/b/a Panhandle Endoscopy Center Suite #102

(P) 806.367.8537 (F) 806.367.8538

PATIENT REGISTRATION

TODAY'S DATE _____ REFERRED BY _____

PATIENTS' FULL NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ST _____ ZIP CODE _____

MARITAL STATUS: ☐ S ☐ M ☐ D ☐ W SEX: ☐ F ☐ M SOCIAL SECURITY # _____

OCCUPATION _____ HOME PH# _____ CELL PH# _____

EMPLOYER _____ ADDRESS _____ PH# _____

PRIMARY PHYSICIAN _____ PHONE# _____

WHO MAY WE CONTACT IN CASE OF EMERGENCY: SOMEONE **NOT** LIVING AT THE SAME ADDRESS?

NAME _____ RELATIONSHIP _____ PH# _____

IF PATIENT IS MARRIED, IS A DEPENDENT CHILD or IS NOT SUBSCRIBER OF INSURANCE, PLEASE COMPLETE THE ITEMS BELOW

NAME OF SPOUSE, PARENT OR SIGNIFICANT OTHER _____ BIRTHDATE _____

ADDRESS AND PHONE #(if different from patient) _____

SUBSCRIBERS SOCIAL SECURITY # _____ EMPLOYER _____

EMPLOYERS ADDRESS _____ PHONE # _____

PRIMARY INSURANCE: _____

ID# _____ GROUP# _____

SECONDARY INSURANCE: _____

ID# _____ GROUP# _____

PLEASE READ BEFORE SIGNING

I HEREBY AUTHORIZE SAMBASIVA R. MARUPUDI TO BE MY ATTENDING PHYSICIAN AND TO ADMINISTER TO ME ANY EXAMINATION, TREATMENT OR MEDICATION HE DEEMS THERAPUTIC TO MY PRESENTING COMPLAINT. IN ADDITION, I GIVE MY CONSENT TO PROCEDURES OR ANY MINOR SURGICAL PROCEDURE THAT MAY BE NECESSARY. I FURTHER AUTHORIZE SAMBASIVA R. MARUPUDI MD OR HIS REPRESENTATIVE TO RELEASE TO MY INSURANCE COMPANY OR ITS REPRESENTATIVE ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME DURING THE PERIOD OF SUCH MEDICAL OR SURGICAL CARE. I ALSO AUTHORIZE AND REQUEST THAT MY INSURANCECOMPANY PAY DIRECTLY THE AMOUNT DUE IN MY PENDING CLAIM FOR BASIC MEDICAL, ENDOSCOPY PROCEDURES AND/OR MINOR SURGICAL TREATMENT FOR SERVICES RENDERED, BY REASON OF SUCH TREATMENTS OR SERVICES.

X _____

SIGNATURE

DATE