



MedSouth URGENTCARE

5545 Little Debbie Parkway
Ooltewah, TN 37363
(423) 238-5020

PATIENT REGISTRATION

PLEASE PRINT

Last Name		First Name		Middle	
Street Address				Telephone Number	
City		State		Zip	
Employed By				Employer Telephone Number	
Sex	Date of Birth month day year		Social Security		Driver's License Number
Spouse's Name				Spouse's SSN and Date of Birth	
Spouse's Employer				Spouse's Employer Telephone Number	
Nearest Friend or Relative Not Residing With You			Relationship to Patient		Telephone Number

COMPLETE THIS SECTION IF SOMEONE OTHER THAN PATIENT IS RESPONSIBLE

Name		Date of Birth		Relationship to Patient	
Street Address		Social Security Number		Home Phone:	
City		Cell Phone:			

The Guarantor is responsible for payment of all charges hereafter incurred by the guarantor and the guarantor's family. If insurance is filed by MedSouth the guarantor is responsible for the insurance payment and any remaining balance. If we do not file insurance guarantor is responsible for payment of charges at time of service. Any balance over 90 days will be turned over to our collection agency.

Signature of Patient or Legal Guardian or Guarantor

DATE:
