Daniel C. Coffey, M.D., Lucas A. Julien, M.D. and
Razvan C. Opreanu, M.D.
737 N. Grand Avenue, Lansing, MI 48906

REGISTRATION

Patient Information

Last Name _____ First _____ Middle _____

Street Address _____ Phone (_____)_____

City _____ State _____ Zip_____

Soc. Sec. # _____ Date of Birth _____ Sex _____ Marital Status _____

Email _____

Race (Please circle) Indian Asian African American Hawaiian/Pacific Caucasian Other Race Declined
Ethinicity (Please circle) Hispanic or Latino Not Hispanic or Latino Declined

Employer Information

Full Time? _____ Part Time? _____ Retired? _____ Student? _____

Patient's Employer _____ Employer's Phone (_____)_____

Employer's Address _____ Patient's Occupation _____

Insurance Information

Primary Insurance Co. Name_____ Group or Policy # _____
Policyholder's Name _____
Office Visit Co-Pay $ _____ Soc. Sec. or ID # _____
Policyholder's Date of Birth _____
Policyholder's Employer_____

Secondary Insurance Co. Name_____ Group or Policy # _____
Policyholder's Name_____
Office Visit Co-Pay $ _____ Soc. Sec. or ID #_____
Policyholder's Date of Birth _____
Policyholder's Employer_____

Responsible Party Information

Responsible Party _____ Soc. Sec. # _____

Address _____ Phone (_____) _____

Employer _____ Work Phone (_____) _____

Relationship to Patient _____

Emergency Information IN CASE OF EMERGENCY (Person NOT LIVING with Patient)

Name _____ Relationship to Patient _____

Phone (_____) _____

I hereby assign all medical and/or surgical benefits, Medicare, private insurance and other health plan benefits on my behalf to Drs. Coffey, Julien and Opreanu, for any services furnished to me. I permit a copy of this authorization to be used in place of the original and authorize said assignee to release all information necessary to secure the payment via fax transmittal or hard copy. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for any amounts not covered by my insurance.

Paper Form Disclaimer: Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Drs. Coffey, Julien and Opreanu will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient.

Signature _____ Date _____