

**NORTHWEST SURGERY
CENTER PATIENT
REGISTRATION**

Please print and complete all information on this form

**PATIENT-This section refers to PATIENT
ONLY**

Name _____ Age _____ Date of Birth _____

SS No. _____ Sex (Circle one) Male Female

Marital Status (Circle one) Single Married Divorced Widowed Maiden Name _____

Address _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Relationship _____ Phone _____

I hereby authorize Northwest Surgery Center to furnish my insurance carrier all information that my insurance company may request concerning my illness or injury. I hereby assign to Northwest Surgery Center all sums which are now payable or may hereafter become payable to me from the above insurance company and/or surgical expenses incurred by me and understand that I am legally responsible for any charges made by the above for medical and/or surgical services rendered to me which are in excess of the sums covered by this assignment. I hereby understand that any sums made payable to me by the insurance company and not returned to Northwest Surgery Center after 30 days upon receipt, my account will be referred to a collection agency for payment and or legal action.

PATIENT OR GUARANTOR'S

SIGNATURE _____ **DATE** _____

I hereby authorize Dr Jordan Sullivan / Dr Brant McCartan to furnish my insurance carrier all information that my insurance company may request concerning my illness or injury. I hereby assign to Dr Jordan Sullivan / Dr Brant McCartan all sums which are now payable or may hereafter become payable to me from the above insurance company and /or surgical expenses incurred by me and understand that I am legally responsible for any charges made by the above for medical and/or surgical services rendered to me. I hereby understand that any sums made payable to me by the insurance company and not returned to Dr Jordan Sullivan / Dr Brant McCartan after 30 days upon receipt, my account will be referred to a collection agency for payment and/or legal action.

PATIENT OR GUARANTOR'S

SIGNATURE _____ **DATE** _____

I hereby authorize Northwest Surgery Center the right to use any pre or post-operative foot/feet photos or x-rays for any lawful purpose, which may include, but is not limited to, Northwest Surgery Center website, before and after samples on display at the surgery center, medical case studies, etc. Northwest Surgery Center agrees to have all identifying information excluded from all such photos or x-rays so that patient identity remains anonymous.

PATIENT OR GUARANTOR'S

SIGNATURE _____ **DATE** _____