

**DORA ROBERTS REHABILITATION CENTER**  
**306 WEST THIRD STREET, BIG SPRING, TX 79720**  
**PHONE:(432) 267 3806 FAX (432) 267 3809**

**PATIENT REGISTRATION FORM**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** / / **Age:** \_\_\_\_\_

**SS#:** - - **Marital Status:** Single Married Widowed **Gender:**Male Female

**Mailing Address (Street, City, State, ZIP)** \_\_\_\_\_

**Home Phone #:** - - **Cell Phone #:** - -

**Employer:** \_\_\_\_\_ **Work Phone#:** - -

**Guardian/Spouse's Name:** \_\_\_\_\_

**Guardian/Spouse's Employer:** \_\_\_\_\_ **Work Phone#:** - -

**Emergency Contact:** \_\_\_\_\_ **Home Phone#:** - -

**Cell Phone#:** - - **Work Phone#:** - -

**Referring Provider:** \_\_\_\_\_ **PCP:** \_\_\_\_\_

**May we communicate DRRC news or patient billing information to you via e-mail?**

Yes No **E-Mail Address** \_\_\_\_\_

***INSURANCE AND BILLING INFORMATION***

**1)Insurance Company:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **PH DOB:** / / **Grp#:** \_\_\_\_\_

**2)Insurance Company:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **PH DOB:** / / **Grp#:** \_\_\_\_\_

**Benefits: Deductible:** \_\_\_\_\_ **Met:** Yes No **Coinsurance:** \_\_\_\_\_

In Network / Out Network **Plan Limitations:** \_\_\_\_\_

***Assignment of Insurance Benefits:*** I hereby authorize direct payment of benefits to Dora Roberts Rehabilitation Center for services rendered.

***Authorization to Release Information:*** I hereby authorize Dora Roberts Rehabilitation Center to release any medical information that may be necessary for continued medical care with my physician or to obtain reimbursement from insurance companies and/or third parties.

***Publications:*** I hereby authorize Dora Roberts Rehabilitation Center permission to take photographs & other types of recordings, which may be used for publications and/or presentations. I understand that such information will be completely anonymous.

**PATIENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_