



Free Clinic of Rockingham County
 315 South Main St.
 Reidsville, NC 27320
 Office: 336-349-3220
 Fax: 336-349-2725

Patient Registration Form

Patient's Legal Last Name:		Legal First Name:			Middle:	
Patient's Preferred Name:				Marital Status:		
Email Address:		Social Security #:	Birthdate:	Age:	Sex (circle one): M F	
Home Phone: ()	Cell Phone: ()		Work Phone: ()		Preferred Contact (circle one): Home Work Cell	
Mailing Address:			City:		State:	Zip Code:
Ethnicity (Circle One) : African-American Asian Caucasian Hispanic Native American Other _____						

PAYMENT & INSURANCE INFORMATION: Please present your Medicaid card to the receptionist each visit.

Medicaid Information:	Recipient ID:
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CONTACT IN CASE OF EMERGENCY:

Name:	Home Phone:
Relationship to Patient:	Cell or Work Phone:

The above is true to the best of my knowledge. I authorize my insurance / Medicaid benefits be paid directly to the Free Clinic of Rockingham County. I understand that I am financially responsible for any balance. I authorize the Free Clinic of Rockingham County, Shannon McElroy, PA-C / NC Medicaid to release any information required to process my claims. I also certify that I have no private insurance (United Healthcare, etc.)

 Patient or guardian signature

 Date