Valley Sleep Center
A Night and Day Difference!

PHONE: (480) 830-3900
FAX: (480) 830-3901
valleysleepcenter.com

ACCREDITED FACILITY MEMBER

NEW PATIENT REGISTRATION FORM

How did you hear about us? ☐ Doctor ☐ Patient ☐ Internet/Website ☐ TV ☐ Radio ☐ Other _____

PATIENT INFORMATION

Patient's Name: Last _____ First _____ Middle Initial _____

Social Security #: _____ Date of Birth: _____ Age: _____ Gender: ____ Marital Status: (S,M,W,D) _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____ Pharmacy Name: _____

May we contact you through email? ☐ **Yes** ☐ **No**

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____

INSURANCE INFORMATION

Primary Insurance Name: _____ Policy Holder Name: _____

Policy Holder Date of Birth: _____ ID #: _____ Group #: _____

Relationship to Patient: _____

Secondary Insurance Name: _____ Policy Holder Name: _____

Policy Holder Date of Birth: _____ ID #: _____ Group #: _____

Relationship to Patient: _____

RESPONSIBLE PARTY INFORMATION (IF OTHER THAN PATIENT)

Guarantor's Name: Last _____ First _____ Middle Initial _____

Social Security #: _____ Date of Birth: _____ Age: _____ Gender: ____ Marital Status: (S,M,W,D) _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

I, the undersigned, certify that I or my dependent have insurance coverage as indicated above. I assign directly to Valley Sleep Center all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the practice to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____ _____

Patient/Parent or Legal Guardian Signature **Relationship** **Date**

Please print and bring to your appointment if you have completed this form from our website.