

Marianne Romano, MPA, RD, CDN
SEFCU Corporate Fitness Center
Patroon Creek Corporate Center – 700 Patroon Creek Blvd.
Albany, New York 12206 Ph: 518-265-5057
Patient Registration (Please print)

Patient name _____ Sex _____

Address _____
(street) (city) (state)

Phone (home) _____ Work: _____ Cell: _____

Email Address: _____ SSN: _____

Employer & address _____

Medical Insurance

Primary Insurance _____ Subscriber name _____
DOB _____ SSN _____
Policy ID # & Suffix # (if applicable) _____
Group # _____ Copay Amount _____

Secondary Insurance _____ Subscriber name _____
DOB _____ SSN _____
Policy ID # & Suffix # (if applicable) _____
Group # _____ Copay Amount _____

To be completed if under 21

Mom's name _____ Address _____
Marital Status S ___ M ___ W ___ D ___ Employer _____ Work Ph. # _____

Dad's name _____ Address _____
Marital Status S ___ M ___ W ___ D ___ Employer _____ Work Ph. # _____

RESPONSIBLE PARTY

Name _____ Relationship _____
DOB _____ SSN _____

Primary Care Physician _____ Phone # _____

A message Can ___ cannot ___ be left on my home or office phone. **Please check one.**

Assignment of insurance benefits/release of medical information: I hereby authorize and request my insurance company to pay directly to Marianne Romano all claims for services rendered to me or my dependents. Should mine be one in which this office does not participate, I shall be responsible for the balance due to cover the costs of medical expenses. I authorize this office to release any medical or other information required in order to process insurance payments and/or life and medical insurance application requests. I hereby assign to Marianne Romano all insurance benefits, to which I am entitled. This assignment will remain in effect until revoked in writing. A photocopy of this assignment shall be valid as the original.

Signature _____ Date _____