

THE CENTER FOR OUTPATIENT MEDICINE, LLC.
2502 B. EAST EMPIRE STREET, BLOOMINGTON, IL 61704 (309) 662-6120

REGISTRATION FORM

PATIENT INFORMATION

Date: _____ Date of Surgery: _____ Surgeon's name _____	
Last Name: _____ FirstName: _____ M.I. _____	
Permanent Address: _____	
City: _____ County _____	
State: _____ Zip: _____ Email Address: _____	
SSN#: _____ M/F _____ DOB _____ Age _____ Marital Status _____	
Home Phone # () _____ - _____ Work Phone # () _____ - _____	
Employer: _____	
Address of Employer: _____	
Occupation/School: _____	
If a Student: Student Address: _____ City/State/Zip _____	
Prior Surgeries at SurgiCenter: _____ Date: _____	
This facility is required to report the following information to the State of Illinois:	
Your Race: (Please Mark)	
_____ American Indian or Alaska Native	_____ Asian
_____ Black/African American	_____ Native Hawaiian or Pacific Islander
_____ White or Hispanic	_____ Other
AND Your Ethnicity: (Please Mark)	
_____ Hispanic or Latino Ethnicity	_____ Non Hispanic or Latino Ethnicity

BILLING INFORMATION

Is this an accident? Yes / No If yes, Work/Compensation Auto Other (circle one)	
Complete for Work Comp/Auto/Liability claims:	
Ins. Company's Name: _____ Adjuster's Name: _____	
Address of Ins. Co: _____	
Claim #: _____ Date of Injury: _____ Phone # _____	
INSURANCE INFORMATION: A copy of all insurance cards (front and back) is needed	
Primary Insurance: _____	
Secondary Insurance: _____	
Tertiary Insurance: _____	
Self Pay/Cash: If yes, call the business office <u>before your procedure</u> at 309-662-6120 ext. 265	
If Insurance Policyholder is NOT the patient, please provide the following on the policyholder: Policyholder name: _____ Relationship to patient: _____	
DOB: _____ Social Security # _____	
Employer: _____ Employer address _____	
Employer Phone Number: _____	

PLEASE NOTE: You are responsible for notifying your insurance company regarding your procedure, pre-certification, and PPO status. The Center For Outpatient Medicine Is A Separate Entity From Your Physician's Office. Tcom May Not Be In The Same Insurance Contracts. Please Check With Your Insurance Company On Coverage After 90 days from the date of surgery, the total balance will be considered due and payable.