

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

**BILLING INFORMATION**

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