

Collin County Pulmonary Associates

1101 Raintree Circle, Suite 100 Twin Creek Medical, Bldg 2 Allen, TX 75013
(972) 964-0170 Fax: (972) 596-8928

Patient Registration

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Birth Date: _____ Phone: _____ Work: _____ Fax: _____

Contact By: *Phone Paper Fax Email* Email: _____ Sex: *M F*

Marital Status: *Single Married Divorced Widowed Separated Other* SSN: _____

Race: *Black Hispanic Native American Oriental/Asian White Other* Language: _____

Chinese Filipino Native Hawaiian Multiracial Pacific Islander Japanese

Employment Status: *Full-time Part-time Self-employed Retired Student Child Unemployed Other*

Responsible Party (Party responsible for payment) : *Self Spouse Parent Other*

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Work: _____ Fax: _____ Email: _____

Primary Insurance: _____

Insured Party: *Self Spouse Parent Other* Group #: _____ ID #: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Work: _____ Fax: _____

Secondary Insurance: _____

Insured Party: *Self Spouse Parent Other* Group #: _____ ID #: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Work: _____ Fax: _____