

REGISTRATION :				Gruenwald & Comandatore, MD, PA			
Date	Account ID	Chart ID	Other ID	Internal Use			
Patient Information							
Last Name	First Name	Middle	Gender	Marital Status	Birth date	Social Security #	
Address		Home Phone		Cell Phone			
Address 2		Work Phone		Email Address			
City	State	Zip Code	Employer Name & Address			Occupation	
Emergency Contact		Pharmacy			Pharmacy Phone		
Physician Referring Physician							
Medical Insurance	Name & Address		Policyholder	Relationship	Policy ID	Group ID	
Guarantor (Person to be billed, if different than patient)							
1. Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Social Security	
Address		Home Phone		Work Phone		Email Address	
City	State	Zip Code	Employer Name & Address			Occupation	
2. Last Name	First Name	Middle	Gender	Marital status	Birthday	Social security	
Address		Home Phone		Work Phone		Email Address	
City	State	Zip Code	Employer Name & Address			Occupation	
HIPPA Approved Contacts							
1. Last Name	First Name	Middle	Gender	Birthdate	Social Security #	Relationship	
Address		City	State	Zip Code	Home Phone	Cell Phone	Work Phone
2. Last Name	First Name	Middle	Gender	Birthdate	Social security #	Relationship	
Address		City	State	Zip code	Home phone	Cell Phone	Work Phone
Patient's or Authorized Person's Signature							
<p>I the undersigned give my authorization to treat and assign directly to Gruenwald & Comandatore, MD, PA all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and covered charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary o secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that payment is expected at the time of service.</p> <p>I acknowledge receipt of the Practice's Notice of Privacy Practices, I authorize the Practice to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting healthcare operations.</p>							
Signature			Signature Date		Gruenwald & Comandatore, MD, PA 90 Millburn Ave Phone: 973-378-7990 Millburn, NJ 07041		
Please attach all pertinent insurance ID cards for photocopying							