Consults In Wellness, PLLC /Paths in Wellness
Patient Registration / Insurance Form

Patient's Legal Name: (First, Middle Initial, Last): _____
Name Preferred _____ Social Security #_____
Birth date: _____ Gender: Male Female
Email Address: _____
Street Address:_____
_____
Home #: _____ Mobile #_____ Work# _____
(Place a * by preferred contact number)
My preferred method of communication for brief responses from our office is: (Place √)
Home / Mobile phone (circle) ___ Email ___ [I can receive Text Msgs (when available) ___]
____ I do not have email account ____ I do not have web access
Marital Status: ____Single ____Married ____Divorced ____Widowed ____ Partnership
Spouse's Name (if applicable): _____
Parents Name (FOR CHILDREN) _____
(Not required) # in household: _____ Ethnicity: _____ Religious preference_____
Person responsible for payment: _____
Patient's Employer and Occupation: _____
Primary Care Physician Name: _____ Phone #: _____

DO YOU HAVE HEALTH INSURANCE? YES NO (Circle one)
***** See below regarding Health Insurance. This is used by our office for referrals, lab services & other services outside our office that may be billed to insurance*****
If you answered YES, please provide a copy of your insurance card.
Primary Insurance: _____Subscriber's Name:
_____
Sex of Subscriber: M F Birth date of Subscriber: _____SS #: _____
Relationship to Patient: _____ Policy #: _____ Group #: _____
Secondary Insurance: _____Subscriber's Name:
_____
Sex of Subscriber: M F Birth date of Subscriber: _____SS #: _____
Relationship to Patient: _____ Policy #: _____ Group #: _____

Emergency Contact: Name:
_____
Relationship to patient _____ Phone #s:_____, _____

Please tell us how you heard about our practice (circle one or more): Am a Prior Pt
Mailing Website Advertisement Family Another Patient
Referring provider or pharmacy _____

PLEASE READ. We are a Fee for Service office. Please read carefully regarding insurance.
I am aware that Consults in Wellness/Paths in Wellness and our providers no longer participates with health insurance. All services provided by Courtney Wilson FNP will be processed under the company, Paths in Wellness. Consults/Paths in Wellness cannot guarantee reimbursement or payment but will provide you with all documentation needed to file your claim with your insurance carrier including ICD10 and CPT codes (diagnostic and procedure codes) for services that insurance allows. I am aware that

reimbursement to patients is based on my insurance companies polices, rules, requirements and deductibles. I may be reimbursed only a portion of the cost of services. This amount is determined by the insurance company and is your "insurance allowable" or the amount your insurance allows for the services provided. Health coaching and Phone Consults are not reimbursable via insurance policies.

Patient/Guardian Signature: _____ Date: _____