



# RAPHA MEDICAL CLINIC

Your health is our passion

Our physical address is  
3301 Alta Mesa #3317 Fort Worth, TX 76140

**Phone: 817-292-2011**

**Fax: 817-292-3691**

## REGISTRATION

### Patient Information

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Sex M F Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Status: Married Widowed Single

\_\_\_\_\_ Separated Divorced Minor  
Patient/Employment/School \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_ Employment Phone \_\_\_\_\_

Incase of emergency who should be notified \_\_\_\_\_ Phone \_\_\_\_\_

### Person with Primary Insurance

Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DL# \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment/School \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_ Employment Phone \_\_\_\_\_

### Insurance

Primary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Group# \_\_\_\_\_ Policy# \_\_\_\_\_

Patient's Relationship to Policy Holder Self Spouse Child Other

Secondary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Group# \_\_\_\_\_ Policy# \_\_\_\_\_

Patients relationship to Policy Holder    Self        Spouse        Child        Other

Third Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Group# \_\_\_\_\_ Policy# \_\_\_\_\_

Patient's Relationship to Policy Holder    Self        Spouse        Child        Other

**ASSIGNMENT AND RELEASE**

**I certify that I and/or my dependent have insurance coverage with \_\_\_\_\_ and assign directly to Dr Fergus Akwar all insurance benefits, if any, otherwise payable to me for services rendered I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above named doctor may use my health care information and may disclose such information to the above name insurance company(ies) and their agents for the purpose of obtaining payment for servives.**

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