

# **RAVINIA ASSOCIATES IN INTERNAL MEDICINE, LTD.**

1777 GREEN BAY ROAD • SUITE 201 • HIGHLAND PARK, IL 60035 • (847) 433-3460

## **REGISTRATION**

(PLEASE PRINT)

Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Patient \_\_\_\_\_  
*Last Name First Name Middle*

Responsible Party (if a minor) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Sex  M  F Age \_\_\_\_\_ Birthdate \_\_\_\_\_  Single  Married  Widowed  Separated  Divorced

Patient Employed By \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Spouse (or responsible party) Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Who is responsible for this account? \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

Do you have Medical Insurance?  No  Yes If Yes,

Name of Primary Insurer \_\_\_\_\_

Contract # \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

Name of secondary Insurer (if any) \_\_\_\_\_

Contract # \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

Medicare Primary  Medicare Secondary

### **MEDICARE SECONDARY PAYOR (IF UNCERTAIN PLEASE ANSWER THE FOLLOWING QUESTIONS)**

1. Are you or your spouse, age 65 or over, continue to work and you or your spouse are covered under your employer's group health plan?  Yes  No

2. Are you disabled and under age 65?  Yes  No Are you entitled to Medicare due solely to your disability?  Yes  No

Are you covered under your employer's large group health plan or the large group health plan of employed family member?  Yes  No

3. Are you entitled to Workman's Comp, Veteran's Administration or Black Lung Benefits?  Yes  No

4. Is your illness or injury a result of a car accident?  Yes  No

5. Did your illness or injury occur somewhere other than work?  Yes  No

Medicaid Claim ID# \_\_\_\_\_

*CARD MUST BE PRESENTED TO RECEPTIONIST*

In case of emergency, who should be notified? \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our practice! \_\_\_\_\_