LAUREL MEDICAL ASSOCIATES
13635 Baltimore Avenue
Laurel, Maryland 20707
Phone (301) 497-0401 * Fax (888) 371-0437

WELCOME

Thank You for Choosing Laurel Medical Associates as Your Health Care Provider!

Please complete and sign this registration form. Our office staff will assist you in utilizing medical benefits when all necessary information is completed and signed. Health benefits are a contract between you and your insurance company. When accepting assignment this office is temporarily granting you credit for the portion we expect insurance to pay. All portions due from you are due at the time of service. Thank you.

PATIENT REGISTRATION (MVA OR WC ONLY) Today's Date: _____

Patient Name: _____ Home Phone: _____
Gender: ____ M ____ F Date of Birth: ____/_____/_____ Age: _____ SS#: _____-_____-_____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Employer Address: _____

Employer City: _____ State: _____ Zip: _____ Work Phone: _____
Email Address: _____
Insurance: _____ Worker's Comp or _____ Auto Accident Date of Injury: _____
State Injury Occurred: _____ Claim#:_____

Insurance Co.: _____ Phone#: _____

Adjustor Name: _____ Phone#: _____

Attorney: _____ Phone#: _____

The above information needs to be the actual claim office for mailing claims and not your local agent. Unless we receive written authorization to treat at the time of treatment you will be responsible for payment at the time of service. I authorize the release of all or part of the patient's medical records, for this period of care, to any person or corporation liable for any part of the physician's charges. I further permit a copy of this authorization to be used in place of the original and authorize payment for services to be made directly to the physician's office in this agreement of benefits. I fully understand that I am responsible to pay for all medical services not covered by the insurance as per agreements between my physician and the applicable insurance companies.

_____ _____
Patient's/Parent's/Guardian's Signature Date