STANISLAUS SLEEP DISORDERS CENTER, AASM ACCREDITED

201 E. Orangeburg Ave. Suite E, Modesto, CA 95350 * Phn. (209) 522-8881 Fax: (209) 522-8885

REGISTRATION / PLEASE PRINT

First Name: M.I.: Last Name: ☐ M ☐ F

Date of Birth: - - Soc. Security # - - Driver's Lic. #

Marital Status: □ Married □ Single □ Widow □ Other

Email: Preferred Contact □ Cell □ Home □ Work

Cell Phone: Home Phone:

Address: City: State & Zip:

Employer: Occupation:

Ethnicity: □ Non-Hispanic □ Hispanic □ Not specified Preferred language: □ English □ Spanish □ Other
Race: □ Caucasian □ African □ Asian □ Native American □ Other

Spouse Name: Phone Number:

Emergency Contact: Relationship: Phone Number:

INSURANCE: Please present your current insurance card(s) to our staff.

1. Primary Insurance: ID# Group#

Name of Insured: SS# DOB:

2. Secondary Insurance: ID# Group#

Name of Insured: SS# DOB:

Referred by: Dr. Primary Care Physician: Dr.

Signature on file: I request that payment of authorized medical benefits be made directly to Stanislaus Sleep Center for any services furnished to me by its physician or provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration (HCFA) and its agencies any medical information necessary to determine these benefits payable for related services. I understand that my signature requests that payment be made and authorizes the release of other physicians who may consult on my case. I also understand that I am responsible for copayments, deductibles, and non-covered services at the time of service and rebilling/collection fees may incur on past due accounts. I have received and read or have had the opportunity to read the "No-Show/Cancellation" policy. You give consent that we may contact your emergency contact regarding appointments. I agree to communication via text message or email. I have received and read or have had the opportunity to read the HIPPA notice of privacy practices NOTICE TO CONSUMERS: Medical doctors and Polysomnographic technologists, technicians and trainees are licensed and regulated by the Medical Board of California (800) 633-2322, www.mbc.ca.gov

Signature: Date:

*IF PATIENT IS A MINOR - Guardians Name: Relationship: