

Villa Family Clinic, PC

311 Future Dr, San Antonio, TX 78213 · 1713 E Hwy 97, Pleasanton, TX 78064
Phone: 210-595-1182 · Fax: 210-595-1183

New Patient Registration

PATIENT INFORMATION

Last name: _____ First name: _____ MI: _____

Date of birth: _____ Sex: _____ SSN (last 4): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home/cell phone: _____ Email: _____

Preferred pharmacy (name & location): _____

INSURANCE INFORMATION

Insurance company: _____ Plan type: _____

Member ID: _____ Group #: _____

Policy holder name: _____ Relationship to patient: _____

Policy holder date of birth: _____ Secondary insurance (if any): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____ Alternate phone: _____

CONSENT

I authorize Villa Family Clinic, PC and its providers to perform the medical evaluation and treatment deemed necessary. I authorize the release of medical information required to process insurance claims, and I assign insurance benefits to be paid directly to Villa Family Clinic, PC. I understand I am financially responsible for any balance not covered by my insurance.

Patient / guardian signature: _____ Date: _____