H. Michael Schmoker LCSW
Fairbanks Biofeedback & Counseling
250 Cushman Street, Suite 4 F
Fairbanks AK 99709
Voice: 907.452.4405 Fax: 907.374.4998

Adult Registration

Patient Name: _____
Last First MI
Mailing Address: _____
City:_____ State: _____ ZIP: _____
Physical Address(if different from mailing)_____
City:_____ State: _____ ZIP: _____

Home Phone: _____Work Phone: _____ Cell: _____
(Please circle best place to leave a message)
Birth date: _____ SSN: _____ Gender:☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐Divorced ☐Separated ☐ Widowed

Spouse or Parent (if minor): _____
Address (if different from above)_____
_____
Employer: _____ Address: _____
Other parent (if minor): _____
Address (if different from above)_____
_____
Employer: _____ Address: _____

Referred by:_____ Primary Physician: _____
Emergency Contact: _____*Phone:* _____

**********INSURANCE INFORMATION **********

Primary Insurance: _____ Second Insurance: _____
Address: _____ Address: _____
_____ _____
Phone #:_____ Phone #: _____
Group #:_____ Group #: _____
ID #: _____ ID#: _____
Insured's Name: _____ Insured's Name: _____
Relation to Patient: _____ DOB _____ Relation to Patient: _____ DOB _____

I understand all payment for treatment received is my responsibility. I hereby acknowledge the release of any information to my insurance company that is required to process a claim on my behalf. Initial ____

I hereby authorize my insurance company to remit payment for any medical benefits due, directly to H. Michael Schmoker dba Fairbanks Bioefeedback & Counseling.This authorization shall expire in one year or upon my written notice. Initial ____

I also acknowledge that I have received or read a copy of Fairbanks Biofeedback & Counseling's Notice of Privacy Practices, and I have been given an opportunity to ask any questions regarding these practices. I understand that I have a right to a copy of this Notice upon my request. Initial ____

Signature of Responsible Party: _____ Date:_____
Signature : _____ Date: _____
Signature:: _____ Date: _____
Form to be reviewed annually