Jeff Georgi & Associates, LLC
112 Swift Ave, Durham, NC 27705
(919)286-1600

Date:_____

Registration Form-PLEASE PRINT

Last Name:_____First Name:_____MI_____Date of Birth:_____

Address_____City_____State_____Zip_____

Day-Time Phone ( )_____Cell Phone ( )_____OK to leave message (D-T)_____(C)____

Emergency Contact Person: _____Phone: _____

E**mail Address: _____Best Way to contact you? Cell_____Text_____Email_____**

Marital Status: Married_____Single_____Separated_____Divorced_____Widowed_____

Student Status: Full Time_____Part Time_____ School _____

Employment: Full Time_____Part Time_____Employer Name_____

Primary Care Physician: _____ Office Phone # _____

Reason for seeking help:_____

Referral source:_____

Special Access Needs_____

Assignment and Release
I, the undersigned certify that I (or my dependent) has insurance coverage stated on the attached card and assign payment directly to entity named above all insurance benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor/therapist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance. I am entitled to a copy of this agreement by requesting same.

_____ _____ _____
Responsible Party Signature Relationship Date

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COMPLETE BELOW ONLY IF YOU WISH TO FILE USING YOUR INSURANCE

- **YOU MUST ATTACH A PHOTO COPY OF YOUR INSURANCE CARD (FRONT & BACK)**

Policyholder's Name _____

Date of Birth _____ Telephone Number _____

Address _____

DX_____ DATE OF FIRST VISIT_____

FOR OFFICE USE ONLY: (REV. 01/15)