Kutteh Ke Fertility Associates of Memphis, PLLC
80 Humphreys Center, Suite 307
Memphis, TN 38120-2363
(901) 747-2229 Fax (901) 747-4446

Registration Form

Patient Information

Name (last, first, middle initial)		Date of birth M/D/Y	Social security number
Home address	City	State/Zip	Home phone
Email address	You will receive announcements and messages from our practice.		Mobile phone
Employer		Occupation or Department	
Employer address	City	State/Zip	Work phone
Referring physician		Address, city, state	
How did you hear about our practice?			

Spouse Information

Name (last, first, middle initial)		Date of birth M/D/Y	Social security number
Home address	City	State/Zip	Spouse phone
Employer		Occupation or Department	
Employer address	City	State/Zip	Work phone

Insurance Information

Primary insurance company	Effective date	Group number	Relationship: Self____ Spouse____ Child____ Other____
Insured Name		Policy number	
Insurance company address	City	State/Zip	
Secondary insurance company (if applicable)	Effective date	Group number	Relationship: Self____ Spouse____ Child____ Other____
Insured Name		Policy number	
Insurance company address	City	State/Zip	

Please present your medical insurance card to receptionist

PATIENT RESPONSIBILITIES: I understand that as the patient, parent or guardian, I am legally reponsible for payment of all charges relating to the patient's care. In case of default, I agree to pay reasonable attorney's fee for recovery of outstanding charges.

PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST: I certify that the information given by me is correct. I authorize any holder of medical or other information about me to release to the insurance company or its' representatives any information needed for payment claims. In consideration of services rendered, I transfer and assign to Fertility Associates of Memphis, PLLC, any payment which may become due to me for medical and/or surgical services under policies applicable to me or my dependent.

Your privacy is important to us. We will not sell, lease or release your information to anyone. At any point you may opt out of email communication by the unsubscribe link in any email from us.

Patient signature _____ Date _____