Mathers Recovery
New Patient Registration Form

(Please print)

Last Name: _____ First: _____ M: _____

Age: _____ Date of Birth: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security: _____ Home Phone: _____

Mobile: _____ Work: _____ Marital Status: _____

Employer: _____

Person to Notify in Emergency: _____ Phone: _____

Referred By: _____

Financial Responsibility:

The person signing this form is the responsible financial party, unless another party has completed a separate financial responsibility form

Last Name: _____ First: _____ M: _____

Date of Birth: _____ Social Security: _____

Relationship to Patient: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Insurance Information:

Name of Insurance Company: _____ Address: _____

Phone Number: _____ ID#: _____ Group#: _____

Policy Holder's Name: _____ Policy Holder's DOB: _____

Patient's Relationship to Policy Holder: **Child | Spouse | Other** Policy Holder's SSN#: _____

(Please circle one)

Secondary Insurance Information:

Name of Insurance Company: _____ Address: _____

Phone Number: _____ ID#: _____ Group#: _____

Policy Holder's Name: _____ Policy Holder's DOB: _____

Patient's Relationship to Policy Holder: **Child | Spouse | Other** Policy Holder's SSN#: _____

(Please circle one)

MATHERS RECOVERY

Elgin: 420 Airport Rd, Ste C, Elgin, IL 60123 phone: 847.462.6099 fax: 847.628.6064

Fox Lake: 101 Towne Centre Ln, Fox Lake, IL 60020 phone: 224.908.3005 fax: 847.531.1296