## Juice All-Stars NC

# REGISTRATION FORM 2022

|  |
| --- |
| (Please Print) |
|  |  |
| PLAYER REGISTRATION fORM |
| Player’s last name: | First: | Middle: |  |  |
|  |  |
| Grade: | High School/Middle School Name and Coach Information: |  | Birth date: | Age: | Sex: |
|  |  |  |  |  / / |  | ❑ M | ❑ F |
| Street address: |  | Home phone no.: |
|  |  | ( ) |
| P.O. box: | City: | State: | ZIP Code: |
|  |  |  |  |
|  | E-Mail Address: |  |
|  |  |  |
| Chose clinic because/Referred to clinic by (please check one box): | ❑ Dr. |  | ❑ Insurance Plan | ❑ Hospital |
| ❑ Family | ❑ Friend | ❑ Close to home/work | ❑ Yellow Pages | ❑ Other |  |
| Other family members seen here: |  |
|  |
| INSURANCE INFORMATION |
| (Please give your insurance card to the receptionist.) |
| Person responsible for bill: | Birth date: | Address (if different): | Home phone no.: |
|  |  / / |  | ( ) |
| Is this person a patient here? | ❑ Yes | ❑ No |  |  |
| Occupation: | Employer: | Employer address: | Employer phone no.: |
|  |  |  | ( ) |
| Is this patient covered by insurance? | ❑ Yes | ❑ No |  |
| Please indicate primary insurance | ❑ [Insurance] | ❑ [Insurance] | ❑ [Insurance] | ❑ [Insurance] | ❑ [Insurance] |
| ❑ [Insurance] | ❑ [Insurance] | ❑ [Insurance] | ❑ Welfare (Please provide coupon) | ❑ Other |  |
| Subscriber’s name: | Subscriber’s S.S. no.: | Birth date: | Group no.: | Policy no.: | Co-payment: |
|  |  |  / / |  |  | $ |
| Patient’s relationship to subscriber: | ❑ Self | ❑ Spouse | ❑ Child | ❑ Other |  |
| Name of secondary insurance (if applicable): | Subscriber’s name: | Group no.: | Policy no.: |
|  |  |  |  |
| Patient’s relationship to subscriber: | ❑ Self | ❑ Spouse | ❑ Child | ❑ Other |  |
|  |
| IN CASE OF EMERGENCY |
| Name of local friend or relative (not living at same address): | Relationship to patient: | Home phone no.: | Work phone no.: |
|  |  | ( ) | ( ) |
| The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Juice All-Stars NC or insurance company to release any information required to process my claims. |
|  |  |  |  |  |
|  | Patient/Guardian signature |  | Date |  |