

Windward Urology Associates Ltd
Ellerslie School Road, Black Road
St. Michael, Barbados
Tel: (246) 426-5078 - Fax: (246) 426-5079

JOHN RONALD FRANKLIN, M.D.
Patient Registration

Date: _____

DOB: _____

PATIENT

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____ Email _____

Preferred Message Phone _____ Social Security Number _____

Date of Birth _____ Marital Status _____ Sex _____

Employer _____

Have you been seen at V.I. Urologic Center in the past 3 years? _____

Primary Doctor _____ Referring Doctor _____

HEALTH INSURANCE

DO YOU HAVE MEDICARE, PART B? _____

Primary Insurance _____ Effective Date _____

Group Number _____ Subscriber Number _____

Policy Holder Name _____ Date of Birth _____

Employer _____ Relationship to Patient _____

Secondary Insurance _____ Effective Date _____

Group Number _____ Subscriber Number _____

Policy Holder Name _____ Date of Birth _____

Employer _____ Relationship to Patient _____

RESPONSIBLE PARTY

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____

Preferred Message Phone _____ Social Security Number _____

Date of Birth _____ Marital Status _____ Sex _____

Employer _____

IN CASE OF EMERGENCY

Last Name _____ First Name _____ Phone Number _____

Relationship to Patient _____

2Nd Contact

Last Name _____ First Name _____ Phone Number _____

Relationship to Patient _____

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I certify that the above information provided on this form is accurate. I further authorize the release of any medical or other information necessary to process all of the insurance claims. I also request payment of insurance and/or government benefits directly to Dr. Franklin, the party who accepts assignments. Such payments should not exceed my indebtedness to Dr. Franklin. I further authorize a copy of this authorization to be used in place of the original.

Signature: _____

Date: _____