



New Patient Registration Form

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1490 E Foremaster Dr., Suite 340 – St. George, Utah 84790

Patient Information				
LAST name	FIRST name	MIDDLE name	Birth Date (mm/dd/yyyy)	Sex
Social Security Number	Marital Status	Employment Status	Preferred Language	Religion
Sexual Orientation	Gender Identity	Address 1 (Physical)		
Mailing Address (If different than physical address)		City	State	Zip Code
Preferred Phone Number Type	Preferred Phone Number	Email Address		
How would you like to receive appointment reminders?		If you chose "Text," please enter the phone number we should use to send text reminders.		
Employer Name		Employer Phone Number		
How did you hear about our office?		If referred by a medical provider, please enter provider's name and phone number.		
Emergency Contact Information				
Name of Contact	Relation to Patient	Address (include city & state)	Best phone number to use	
Insurance Information				
Primary Insured LAST name	Primary Insured FIRST name	Insurance Company Name		
Primary Insured address (physical)	Primary Insured address (mailing)	City	State	Zip
Primary Insured DOB (mm/dd/yyyy)	Primary Insured SSN	Primary Insured Phone Number	Relationship to Patient	
Subscriber/Member ID	Group Number	Visit Co-Pay	Name of Employer	Employer Phone Number
IF APPLICABLE				
Secondary Insured LAST name	Secondary Insured FIRST name	Insurance Company Name		
Sec Insured DOB (mm/dd/yyyy)	Sec Insured SSN	Sec Insured Address, (include City, State Zip)	Sec Insured Phone No.	Relationship to Patient
Subscriber/Member ID	Group Number	Visit Co-Pay	Name of Employer	Employer Phone Number
<i>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Premier Psychological Counseling & Consulting, PC. I understand that I am financially responsible for any balance. I also authorize Premier Psychological Counseling and Consulting, PC or my insurance company to release any information required to process my claims.</i>				
Patient or Guardian Signature		Date (mm/dd/yyyy)	If you are using Adobe Reader, select the "Submit" button to email this form directly to PremierPCC.	

If you are not using Adobe Reader, please save this file and email it to info@premierpcc.com