**Bear Creek Family Practice**

OFFICE USE ONLY

🞎Updated in Greenway

🞎Updated Guarantor Section

Employee Initial .

**Dr. Fawad Aryanpure**

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**REGISTRATION – PLEASE PRINT**

DATE / /

Patient Name:

Last First Middle

Date of Birth / / Social Security # - - Sex: □Male □Female

Mailing Address

City State Zip

**Marital Status:** □Married □Single □Divorced □Widowed □Separated **Race:** □Black □White □Asian □Other

**Ethnicity:** □ Hispanic or Latino □ Non-Hispanic or Latino

Home Phone ( ) Cell Phone ( )

Employer Employer Phone ( )

Emergency Contact: Phone#

**INSURANCE INFORMATION**

Primary Insurance Company Contract # Group #

Policyholder’s Name Policyholder’s Social Security # - -

Policyholder’s Date of Birth / / Relationship of Patient to Policyholder

Secondary Insurance Company Contract # Group #

Policyholder’s Name Policyholder’s Social Security # - -

Policyholder’s Date of Birth / / Relationship of Patient to Policyholder

**PHARMACY INFORMATION**

Pharmacy Name: Address/Location Phone#

**FINANCIALLY RESPONSIBLE**

Name DOB: / / Social Security # - -

X

Signature PLEASE SIGN HERE Your Relationship to Patient

**TURN OVER**

PLEASE READ CAREFULLY & SIGN →