BLUE MOUNTAIN CLINIC

610 N. California St. Missoula, MT 59802

PATIENT REGISTRATION

ALL INFORMATION IS CONFIDENTIAL

Legal Name(*please include middle initial and maiden name*)

Name you would like us to use: Your Pronouns

Sex on Legal Documents (please circle one)* Female Male Gender

*While we recognize a number of genders and sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex listed on your insurance must be used on documents pertaining to insurance, billing, and legal correspondence. If your name and pronouns are different from these, please let us know so we may address you appropriately and respectfully.

Birthdate / / Social Security # - -

Mailing Address:

Email Address:

Primary Phone ( ) - ok to leave a message?

Secondary Phone ( ) - ok to leave a message?

Can we identify ourselves as Blue Mountain Clinic when calling? Yes/No

Occupation: Employer: Phone:

Emergency Contact: Relationship to patient: Phone:

Blue Mountain Clinic may verbally exchange health information with person or organization named below:

We will send certain correspondence, such as bills, to your mailing address. How would you prefer to receive other types of written correspondence? ☐ Patient Portal ☐ Letter

Required by government mandate (although you may refuse):

Language: *Marital Status:*

Race: *Ethnicity:*

Primary Insurance:

Plan Name:

Policy Number: Group Number:

Policy Holder Name: Policy Holder DOB:

Patient's relationship to policy holder:

Secondary Insurance:

Plan Name:

Policy Number: Group Number:

Policy Holder Name: Policy Holder DOB:

Patient's relationship to policy holder: