GREATER SACRAMENTO SURGERY CENTER
2288 AUBURN BLVD., SUITE 201 • SACRAMENTO, CA 95821 • (916) 929-7229

PRE-REGISTRATION FORM

Please complete this form and bring it with you on the day of admission.

Name of Ride _____ Telephone No. _____

☐ Stay ☐ Call ☐ Return

Have you previously been a patient at the Greater Sacramento Surgery Center? ☐ Yes ☐ No

Patient's Name _____
LAST FIRST MIDDLE

Patient's Telephone _____ Patient's Driver's License No. _____
HOME WORK

Address _____ Social Security No. _____
NO. STREET

_____ Birthdate _____ Age _____
CITY STATE ZIP

Patient's Employer _____ Marital Status M ☐ S ☐ W ☐ SEP ☐ D ☐

Employer's Address _____ Occupation _____
NO. STREET

_____
CITY STATE ZIP

Name of Spouse _____ Spouse's Social Security No. _____

Spouse's Employment _____ Spouse's Date of Birth _____

Name and Number of Relative Not Living with Patient or Message Phone _____

Photo ID of Patient _____

Primary Insurance Company _____ Telephone _____

Address _____ **Patient's I.D. NO.** _____

_____ **Group No**. _____
CITY STATE ZIP

Policy Holder's Name _____
LAST FIRST MIDDLE

Birthdate _____ Age ____ Policy Holder's Social Security No. _____

Policy Holder's Employer _____ Policy Holder's Occupation _____

Policy Holder's Employer's Address _____ Policy Holder's Employer's Telephone _____
NO. STREET

_____
CITY STATE ZIP

Additional Insurance Coverage _____ **I.D. No's** _____ **Group No's** _____

2nd Insurance Policy Holder's Name _____ 2nd Policy Holder's Social Security No. _____

2nd Insurance Policy Holder's Employer _____ 2nd Policy Holder's Occupation _____

2nd Insurance Policy Employer Address _____ 2nd Policy Holder's Employer Telephone _____

_____
CITY STATE ZIP

Emergency contact _____

Please bring your **Insurance identification card.**
Medi-Cal patients must have a current Medi-Cal card to receive service.