

**CLIENT REGISTRATION FOR
CHRISTOPHER J. RIEGEL, M.D.**

3108 Midway Rd. Ste. 100
Plano, TX 75093
972-608-8979

Please print clearly your response to all requested information.
If you have any questions, please ask, THANK YOU!

PATIENT INFORMATION

Name	Home Phone
Home Address	Office Phone
City State Zip	Date of Birth
Single Married Divorced Widowed	Social Security #
Employer	Occupation
Office Address	City State Zip

SPOUSE/PARENT INFORMATION

Spouse/Parent Name	Home Phone
Home Address	City State Zip
Employer	Occupation
Office Address	City State Zip
Social Security #	Date of Birth Age

INSURANCE INFORMATION

Insurance Company	Phone
Address	City State Zip
Group Number	Policy or ID Number
Spouse/Parent Insurance	Phone
Address	City State Zip
Group Number	Policy or ID Number

Contact For Emergencies _____	Relationship _____
Home Telephone _____	Office Telephone _____
Referred By _____	Relationship _____ Phone _____

I hereby assign all medical and/or surgical benefits, to include major medical benefit to which I am entitled including Medicare, private insurance, PPO plans and all other health plans to Chris Riegel, M.D. This Assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I further agree that if my account becomes delinquent I will be charged an additional fee of 1.5% per month plus any collection costs. I hereby authorize said assigner to release all information needed to secure the payment.

Due to contract language between physician and insurance company, I understand that I am financially responsible for all the charges deemed to be "non-covered benefits" by my insurance company even if the insurance's Explanation of Benefits state the procedure is a "non-covered benefit" and "patient is not responsible."

Signed _____ Date _____