

# MINDFUL WELLNESS CENTER, PLLC

## Patient Registration

### Patient Information

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: M F Marital Status: S M D W

### Guarantor Information (Financially responsible party *if other than patient*)

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: M F Marital Status: S M D W

Relationship to patient \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Agreement

I understand that payment is due at the time of service unless other arrangements have been made. I agree that I am ultimately responsible for full payment of this account and for all costs and fees in the collection of this account.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_