

Patient Registration Submission

Submission Data

Submission ID	170260
Date Submitted	12/02/2016 11:11:42

Patient Information

First Name	John
Middle Initial	A
Last Name	Doe
Address	8720 Red Oak Blvd. Ste. 220
City/St	Charlotte
Zip Code	28217
Date of Birth	01/01/1998
Daytime Phone	704-887-5300
Mobile Phone	704-887-5300
E-mail Address	support@practisinc.com (mailto:support@practisinc.com)
Social Security Number	01-234-5678
Gender	Male
Race	Decline to specify
Other	
Marital Status	Married
Provider Requested	Provider Name 1, MD
Primary Care Physician	Doctor Doctor, MD
How did you hear about us?	Friend

Employment Information

Employment Status	Employed full-time
Other	
Employer	Practis Inc
Employer Address	8720 Red Oak Blvd. Ste. 220
Occupation	Developer

Emergency Contact

Emergency Contact Name	Jane Doe
Emergency Contact Phone	704-887-5300
Relationship	Wife

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Do you have insurance?	Yes
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Primary Insurance

Plan Name	Insurance 1
Effective Date	01/01/2016
Subscriber ID #	000111

Group #	123456
Subscriber First Name	John
Subscriber Last Name	Doe
Subscriber SSN	01-234-5678
Subscriber DOB	01/01/1998
Subscriber Employer	Practis Inc
Relationship	Patient

Secondary Insurance

Plan Name	Insurance 2
Effective Date	01/01/2016
Subscriber ID #	123456789
Group #	987654
Subscriber First Name	Jane
Subscriber Last Name	Doe
Subscriber SSN	87-654-3210
Subscriber DOB	01/01/1998
Subscriber Employer	Practis Inc
Relationship	Wife