



IRELAND GROVE
CENTER FOR SURGERY

3801 Ireland Grove Road
Bloomington, IL 61704
Phone 309-664-0101
Fax 309-664-1010

PATIENT REGISTRATION FORM

Today's date _____ Date of surgery _____ Surgeon _____

Last name _____ First name _____ MI _____ Male or Female

Permanent address _____

City/State/Zip _____ County _____

DOB _____ Age _____ SSN _____ Marital status _____

Home phone _____ Work phone _____ Cell phone _____

Employer _____ Address _____

Occupation _____ If a college student, name of school _____

Student's address _____

Previous surgeries at Ireland Grove? Yes No If yes, when _____

We are required to report the following information to the state of Illinois (please mark one):

____ American Indian/Alaskan Native ____ Black/African American ____ White (non-Hispanic)
____ Hispanic ____ Asian ____ Native Hawaiian/Pacific Islander ____ Other

BILLING INFORMATION: A copy of all insurance cards (front and back) is required

Primary Insurance Company _____

ID # _____ Group # _____

Insured's Name _____ DOB _____ SSN _____

Secondary Insurance Company _____

ID # _____ Group # _____

Insured's Name _____ DOB _____ SSN _____

Is your surgery related to an accident? Yes No If yes: Worker's Compensation Auto Other (circle one)
Complete for Worker's Comp/Auto/Liability claims:

Insurance company's name _____ Adjuster's name _____

Address of insurance company _____

Phone _____ Claim # _____ Date of injury _____

NOTE: You are responsible for notifying your insurance company regarding your procedure, pre-certification, and PPO status. Ireland Grove Center for Surgery is a separate entity from your physician's office and, therefore, may not be part of the same insurance contracts. Please check your coverage with your insurance company.