

Michael K. Friedman, DO
Psychiatry & Psychoanalysis

Cabrini Medical Tower
901 Boren Avenue
Suite 1910
Seattle, Washington 98104

Diplomat, American Board
Of Psychiatry & Neurology
(206) 292-9594
(206) 292-0326 fax

PATIENT REGISTRATION
PLEASE PRINT

PATIENT _____ DATE _____

ADDRESS _____

City

State

Zip

PHONE: _____

EMAIL: _____

DOB: _____

REFERRED TO THIS OFFICE BY: _____

INSURANCE: _____

PREFERRED PHARMACY: _____

PERSON RESPONSIBLE FOR BILL, IF NOT PATIENT

NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____ WORK PHONE: _____

CITY/STATE/ZIP: _____

ASSIGNMENT AND RELEASE: I HEREBY AUTHORIZE MY INSURANCE BENEFITS BE PAID DIRECTLY TO THE PHYSICIAN. I AM FINANCIALLY RESPONSIBLE FOR ANY BALANCE DUE. I ALSO AUTHORIZE THE DOCTOR OR INSURANCE COMPANY TO RELEASE ANY INFORMATION REQUIRED FOR THIS CLAIM.

SIGNED: _____