



Patient Registration Information

Patient Name: _____
Last First Middle

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Date of Birth: ____ / ____ / ____ Social Security #: _____

Sex: Male Female How did you hear about us: _____

Marital Status: Single Married Divorced Widowed Other

Ethnicity / Race: _____ Primary Care Physician: _____

Employment Status: Full Time Part Time Retired Disabled Other

Patient's Employer: _____

Employer Phone: _____ Employer Address: _____

Emergency Contact: _____
Last First Middle

Primary Insurance

Primary Insurance Company: _____

Claims Address: _____
(On Back of the Card)

Subscriber's Name: _____ Member ID #: _____

Group Name: _____ Group Number: _____

Patient Relationship to Subscriber: Self Spouse Child Other

If Spouse or other party is the insurance subscriber please provide the following:

Name: _____ Date of Birth: ____ / ____ / ____ Employer: _____

Do you have secondary Insurance: Yes No



Our Cancellation/No-Show Policy

At Nextgen Male Medical Clinic, we understand circumstances can change, and we request patients notify us at least 24 hours in advance if they need to cancel or reschedule an appointment. This allows us to manage our schedule effectively and offer the time slot to another patient in need.

Cancellations or rescheduling requests with less than 24 hours' notice will result in a cancellation fee of \$50 charged to your account. We appreciate your understanding and cooperation in ensuring we can provide timely and efficient care to all our patients. Please note we consider exceptions for unavoidable emergencies on a case-by-case basis.

We appreciate your understanding and cooperation with this policy, as it helps us maintain efficient scheduling and service quality for all our clients.