

**Acumedicine Associates, P. C.**

8700 Georgia Avenue, Suite 404, Silver Spring, Maryland 20910  
(301) 562-0305

**Patient Registration**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

e-mail: \_\_\_\_\_ (To receive periodic reminders & announcements)

Marital Status: \_\_\_\_\_ Favorite Ben & Jerry's Flavor \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Payment policy

Payment is expected at time of treatment. We provide you with a statement that you can submit to your health insurance company for reimbursement if, and to the extent, such costs are reimbursable under the terms of your insurance policy.

Cancellation

Kindly give us 24 hours notice of appointment changes or cancellation. Charges for your missed appointment may otherwise apply. We ask this as a courtesy to other patients who may then be able to schedule in your place.