

**OREGON HEALTH & SCIENCE UNIVERSITY
PATIENT REGISTRATION**

SEE INSTRUCTIONS ON REVERSE (Next page)

Return form to: Student Health Service Mail code: L587

Physician/Clinic/Ancillary: Student Health Service

Patient Information (for OHSU Hospitals and Clinics)

Patient Name:				Former/Other Names Used:		
Last		First				
Middle						
Marital Status:	Birthdate:	Birthplace:	Sex: M F	SOC. SEC. Number	Area Code ()	Home Phone
Mailing Address: Number			Street			
City		State	Zip			
Employer				Work Phone Number ()	Mothers Maiden Name First	

Guarantor (Person who pays the portion insurance does not pay.)

Name:			Relationship to Patient			
Address		Home Phone	Employer		Work Phone	

Emergency Contact

Name			Relationship to Patient			
City		Home Phone	Work Phone			
State						

Insurance Information

(Primary)

Insurance Co. Name/Union Trust Fund			Subscriber	Employer	Relation to Patient
Date of Birth		Sex: M F	ID #		Group #
Insurance Address		Phone Number			

(Secondary)

Insurance Co. Name/Union Trust Fund			Subscriber	Employer	Relation to Patient
Date of Birth		Sex: M F	ID #		Group #
Insurance Address		Phone Number			

INSTRUCTIONS FOR FILLING OUT THIS FORM:

The purpose of this form is to get a chart number for the OHSU hospital and clinics record system in case the Student Health Service ever refers you for laboratory testing, imaging, or for consultation with specialty physicians. Although all primary care physician services and counseling services in the Student Health Service are at no cost to you (already paid through your health fee) these referral services will require your health insurance and you will need to be “registered” with the appropriate demographic and insurance information. Having this number on file will save you a great deal of time if you ever receive these or other services in the OHSU system outside the Student Health Service.

Please fill in the personal information which is self-explanatory.

In the insurance section, *if you plan to use the required OHSU student health insurance*, this is ODS. Guarantor is your name, and the rest is self-explanatory. Subscriber is your name. Employer: leave blank or write NA. Relation to patient is “self”. Your ID number is your social security number. Group # is M244. Insurance address of ODS is PO Box 40384, Portland, OR 97240-0384. ODS phone number is 503 243-3962.

Secondary insurance is “none” unless your spouse has also insured you or your parents still carry you on their plan. If that is the case, the subscriber would be that person, and the birthdate would be that person’s.

You are required to have a major medical health insurance plan. If you do not plan to use the ODS student insurance plan, you will then need to get an application for a waiver from the approved insurance, and you will need to fill in the information required on that application regarding the alternative group health insurance you want to use. If your waiver application is approved, you will then need to fill out this OHSU patient registration form with that information. To learn about the waiver and download a waiver application, go to the Student Health Service website (www.ohsu.edu/academic/acad/health).

When you have this form completed, please either mail it to the Student Health Service, Baird Hall, Mailstop L587, 3181 SW Sam Jackson Park Road, Portland, OR 97239-3098; or you may attach or paste this form to an email to the Student Health Service at askshs@ohsu.edu. We will see that it gets to the OHSU patient registration office.