



# Member Registration Form

This form can also be found online at: AssuranceHealth.org/forms

Please fill out and submit one form per family member. You may leave information blank that remains the same as the main account holder, such as address, emergency contact information, etc.

### Member type:

- Main Account Holder (person responsible for billing / other patients associated with this account)
- Spouse of Main Account Holder
- Dependent of Main Account Holder

Name of Main Account Holder (if spouse or dependent): \_\_\_\_\_

### Basic Member Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Gender  M  F

Date of Birth \_\_\_\_\_

Main Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Address (including City, State Zip)

\_\_\_\_\_

How did you hear about Assurance?

(Name of person, radio, facebook, news, etc.)

\_\_\_\_\_

I wish to begin membership on (date)

\_\_\_\_\_

Do you have health insurance?  Yes  No

We currently do not prescribe or manage pain medications. Please list current medications below (list more on back if necessary):

\_\_\_\_\_

\_\_\_\_\_

*Billing information will be obtained via phone or in person.*

#### Mail or drop off completed forms to:

Assurance Healthcare & Counseling Center  
ATTN: Member Registration  
1020 S 40th Ave. Suite A  
Yakima, WA 98908

#### Fax completed forms to:

509-823-4652

#### Email completed forms to:

registrations@assurancehealth.org

Assurance Healthcare & Counseling Center

509-823-4650 | info@assurancehealth.org | AssuranceHealth.org