

Traveler's Health and Immunization Center
7900 N. Milwaukee Ave., Suite 231
Niles, IL 60714
(847) 663-9500
www.travelmed.net
Traveler's Health & Immunization Center

PATIENT REGISTRATION

Name _____
Last First Middle

Address _____
Street

City State Zip

Telephone (H) _____ (W) _____ (C) _____

Date of Birth _____ Driver's License # _____
MM/DD/YYYY

Emergency Contact _____
Name Phone

Primary Care Physician _____
Name Phone

Email Address (for reminders) _____

How did you hear about our clinic? (Please circle)
Your physician Hospital referral Friend Employer
Internet Other _____

If you were referred by your employer, please provide the following information:

Company Name Contact Person Phone

PAYMENT POLICY

I acknowledge that Traveler's Health and Immunization Center, S.C. requires full payment at the time of service. We will provide you with an itemized invoice that you may submit to your insurance company for reimbursement (if eligible). In the event that reimbursement is sent directly to us, we will forward that reimbursement to you along with a copy of the explanation of benefits (EOB).

Signature _____ Date _____
Patient or guardian of minor patient