

**Inter Island Medical Center
550 Spring Street
Friday Harbor, WA 98250
360-378-2141
360-378-3655 (fax)**

**Patient Registration Update
*Please print out and fax or mail it to us.**

Account ID # _____ Date _____

Patient Last Name _____ First Name _____

Birth Date _____ Soc.Sec.# _____

Complete Street Address _____

Complete Mailing Address _____

Marital Status (circle one): Married Divorced Widowed Single

Phone numbers:

Home _____ Work _____ Cell _____

New Insurance Policy Holder Information:

Subscriber's Information:

Last Name _____ First Name _____

Social Security # _____ Birth Date _____

Mailing Address _____

Phone Numbers:

Home _____ Work _____ Cell _____

If your insurance information has changed, please fax/mail us a copy of the front and back of your new insurance card with this form. Thanks!

Patient Signature _____ Date _____