



Patient Enrollment

Basic Information

Last Name: _____ First Name: _____ M.I. ____
Date of Birth: _____ Sex: ____ Female ____ Male
Home Address: _____ City: _____ State: _____ Zip: _____
Phone: (____)-____-____ Email Address: _____

Enroll Additional Members in Household:

Additional Adult:

Last Name: _____ First Name: _____ M.I. ____
Date of Birth: _____ Sex: ____ Female ____ Male
Phone: (____)-____-____ Email Address: _____

Child #1

Last Name: _____ First Name: _____ M.I. ____
Date of Birth: _____ Sex: ____ Female ____ Male
Home Address: _____ City: _____ State: _____ Zip: _____
Phone: (____)-____-____ Email Address: _____

Child #2

Last Name: _____ First Name: _____ M.I. ____
Date of Birth: _____ Sex: ____ Female ____ Male
Home Address: _____ City: _____ State: _____ Zip: _____
Phone: (____)-____-____ Email Address: _____

To register more children, attach an additional patient enrollment form.

I certify that all the information provided by me on this form is true and correct.

Print Name: _____

Signature: _____ Date: _____



Let us Know...

I found out about Direct Primary Care from

- Friends & Family
- Newspaper/ Magazine Ad
- Internet Ad
- Mailer
- Other: _____

Membership Billing Information

Desired Start Date: _____

Bill Using my (choose one): ____ Credit Card/Debit Card ____ Bank account

Credit Card/Debit card information :

Card Type: ____ MasterCard ____ Visa

Cardholder's name: _____

Card Number: _____

Expiration Dare MM/YY: _____

CVV: _____

Bank Account Information

Account Holders Name: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Billing address (if different from above)

Home Address: _____

City: _____ State: _____ Zip: _____

Authorization statement: I authorize Mint Health Clinics Bakersfield to charge my credit card, debit card, or bank account on a recurring basis for my Direct Primary Care Membership and registration fee, until I have cancelled my membership in writing. I understand the registration fee is non-refundable. If my credit card company or bank declines charges, then my membership is cancelled immediately until I make another payment.

Authorization signature: _____ Date: _____