



Port Moresby Heart
Care Clinic
P.O BOX 1565
BOROKO, NCD

Port Moresby, Papua New Guinea
Location: Ahuai St, Sect 52, Lot 09
Gordons, NCD

Contacts:
Office Phone: (675) 3259279
Mobile Phone: (675) 73518025/76613132
Fax:3259521
Email:pomheartcareclinic@gmail.com

Registration Form

PATIENT INFORMATION

Date: ____/____/____ Form of ID: Yes/No specify & attach copy: _____

First Name: _____ Middle Name: _____ Father's Name: _____

Title: Mr/Miss/Mrs/Ms/Dr/Sir Gender: Male/Female Date of Birth: ____/____/____

Residential Address:

Business Address:

Phone: _____ Mobile: _____ Business Phone: _____
Email: _____ Fax: _____

Marital Status: Single/Married/Divorced/Widowed
Spouse Name: _____ Maiden Name: _____ Nationality: _____
Religion: _____ Place of Birth (Province): _____

Emergency contact:
Contact name 1: _____ Phone: _____ Relationship: _____
Contact name 2: _____ Phone: _____ Relationship: _____

RESPONSIBLE PARTY

Person responsible for the bill (only if different form Patient)
First name: _____ Middle Name: _____ Last Name: _____
Phone: _____ Address: _____
Relationship to Patient: Child Spouse Other

Employer of Person Responsible: _____

PRIMARY INSURANCE INFORMATION (Please have insurance card on hand for copies)

Company/Organisation Name: _____
Membership/Policy number: _____
Policy Holder's name: _____
Policy Address: _____
Policy Holder's DOB: _____
Policy Holders Employer:

Print Name & Sign: _____ Date: _____

For PMHCC use only: Registration number: _____ (confidential to patients only)

We Do Not Do Billing. Payment Is Due When Services Are Rendered. Thank You.