

***Dr. Ardolf & Associates, LLC***  
***Mailing: PO Box 566, Kapa'au, HI 96755***  
***Physical: 54-2504 Kynnersley Rd, Kapa'au, HI 96755***  
***P/F: (808) 498-4018/ (808) 443-0738***

**New Patient Registration**

Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F TG

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employment Status: F – Full time P – Part time R – Retired S – Student

Spouses Name: \_\_\_\_\_

Spouses Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Status: F – Full time P – Part time R – Retired S- Student (school)

**PAYMENT IS REQUIRED AT THE TIME OF SERVICE. Dr. Ardolf and Associates, LLC does not bill insurance, however we will provide you with the necessary materials so that you may do so. We are currently not covered by Medicare and therefore are unable to submit claims.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_