Lifesprk SHINE ON™ Whole Person Senior Care | Health Primary Care

Member Registration

Member Information:

Last Name: ______________ First Name: ______________ MI: _____ DOB: ______________

Preferred Name: ______________ Gender: ________ Social Security: ______________

Country of Origin: ______________ Primary Language: ______________

❑ Interpreter services needed? ❑ Yes ❑ No If yes, which language: ______________

Address: ______________ Apt #: ________

Phone Number: ______________ Email: ______________

Campus Name *(if applicable)*: ______________

Insurance Information:

❑ *Please provide copies of both sides of Medicare and insurance cards (front and back)*

Medicare ID #: ______________

Primary Plan Name: ______________ Secondary Plan Name: ______________

Primary Policy ID #: ______________ Seconary Policy ID #: ______________

Primary Group #: ______________ Secondary Group #: ______________

Relationship to insured: ______________

Billing Contact: *(if invoices should be sent to person other than client)*

Name: ______________ Relationship: ______________

Phone Number: ______________

Address: ______________

Please see reverse for additional information

Responsible Party Information: *(i.e., medical POA, health care agent, legal guardian)*

Name: ______________________ Relationship to member: ______________________

Primary Phone: ______________________ Secondary Phone: ______________________

Address: ______________________ City/State/Zip: ______________________

Email: ______________________

Alternate Emergency Contact: *(if clinic staff are unable to reach person listed above)*

Name: ______________________ Relationship to member: ______________________

Primary Phone: ______________________ Secondary Phone: ______________________

Address: ______________________ City/State/Zip: ______________________

Email: ______________________

Please return completed form to Lifesprk Health using one of these options:

- Fax completed form to 844-593-1082
- Email lifesprkhealth@lifesprk.com
- Drop off at the Campus Health Office for the Lifesprk team

Questions? Please call us at 952-345-3213