

PATIENT SIGN-IN

Today's Date ____ / ____ /20____

Please Ask for Your Receipt

PATIENT NAME	TIME OF ARRIVAL	New to STAR? (Yes/No)	Copay Amt \$	I WILL BE PAYING TODAY BY		
				Cash	Check	Credit Card
1.			\$	0	0	0
2.			\$	0	0	0
3.			\$	0	0	0
4.			\$	0	0	0
5.			\$	0	0	0
6.			\$	0	0	0
7.			\$	0	0	0
8.			\$	0	0	0
9.			\$	0	0	0
10.			\$	0	0	0
11.			\$	0	0	0
12.			\$	0	0	0
13.			\$	0	0	0
14.			\$	0	0	0
15.			\$	0	0	0
16.			\$	0	0	0
17.			\$	0	0	0
18.			\$	0	0	0
19.			\$	0	0	0
20.			\$	0	0	0
21.			\$	0	0	0
22.			\$	0	0	0
23.			\$	0	0	0
24.			\$	0	0	0
25.			\$	0	0	0