



Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, California 93514

Bronco Clinic Patient Registration Form

Patient Information

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Sex at Birth: Male Female

Visually or Hearing Impaired? Yes No

Primary Language: _____ Preferred Language: _____

Cell Phone Number: (____) _____ - _____ Home Phone Number: (____) _____ - _____

Mailing Address: _____ City: _____ Zip: _____

Preferred Name (Alias): _____ E-mail: _____

Primary Health Care Provider: _____

Race: Alaskan Native or American Indian Asian Black / African American Native Hawaiian or Other Pacific Islander White Other

Ethnicity: Hispanic or Latino Non Hispanic or Latino

Emergency Contact:

Full Name: _____ Relationship: _____

Emergency Contact Telephone Number: (____) _____ - _____

Parent / Legal Guardian (If 17 years and under):

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Patient: _____ Phone Number: (____) _____ - _____

Date of Birth ____/____/____

Address (if different): _____ City: _____ Zip: _____

Insurance Information:

Health Plan Name: _____ Member Name: _____

Insurance ID# _____ Date of Birth: ____/____/____

Secondary Health Plan Name: _____ Member Name: _____

Insurance ID# _____ Date of Birth: ____/____/____



NOTICE OF NON-DISCRIMINATION

Northern Inyo Healthcare District complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northern Inyo Healthcare District does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Northern Inyo Healthcare District:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

José García
Language Access Services Manager
150 Pioneer Lane, Bishop, California 93514
Phone (760) 873-2147
TTY 711 or
Email jose.garcia@nih.org

If you believe that Northern Inyo Healthcare District has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Human Resources Director, Civil Rights Coordinator
150 Pioneer Lane, Bishop, California 93514
Phone (760) 873-2145
TTY 711
Fax (760) 873-2108
Email Alison.Murray@nih.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Alison Murray is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Northern Inyo Healthcare District

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

English	ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 760-873-5811 (TTY: 711).
العربية Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 760-873-5811 (رقم هاتف الصم والبكم: 711).
Հայերէն Armenian	Ուշադրութեամբ: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական օգնություններ: Չանգահարեք 760-873-5811 (TTY (հեռատիպ)՝ 711):
ភាសាខ្មែរ Cambodian (Khmer)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បេសវាជំនួយខ្លួនកាសា បោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 760-873-5811 (TTY: 711) ។
汉语 Chinese (Mandarin)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 760-873-5811 (TTY: 711)。
فارسی Farsi (Persian)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 760-873-5811 (TTY: 711) تماس بگیرید.
मानक हिन्दी Hindi	ध्यान दें: मदद आप हिंदी बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 760-873-5811 (TTY: 711) पर कॉल करें।
Hmoob Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 760-873-5811 (TTY: 711).
日本語 Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。760-873-5811 (TTY:711) まで、お電話にてご連絡ください。
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 760-873-5811 (TTY: 711) 번으로 전화해 주십시오.
ਪੰਜਾਬੀ Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 760-873-5811 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 760-873-5811 (телетайп: 711).
Español / Castellano Spanish	ATENCIÓN: si habla español/castellano, tiene a su disposición servicios de interpretación gratuitos. Llame al 760-873-5811 (TTY: 711).
Ṭə'gə:lɔg Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 760-873-5811 (TTY: 711).
ภาษาไทย Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 760-873-5811 (TTY: 711).
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 760-873-5811(TTY: 711).





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Assignment of Benefits & Financial Agreement: I authorize payment for all medical benefits to Northern Inyo Healthcare District for professional service rendered. For additional information, please see the Conditions of Admission on the Northern Inyo Healthcare District Webpage. You can access the Conditions of Admission by going to www.nih.org, selecting resources, forms, and then Conditions of Admission.

Patient /Guardian Signature: _____ Date: _____

Staff use only - - - - For Limited English Proficiency Patients only:

Interpreter name or ID# _____ Staff Phone Video

If you do not use an approved interpreter, please list the reason: _____

