Renown
TeleHealth

School Based Telehealth Program
Phone: 775-982-7700 / Fax: 775-982-7701
1285 Financial Boulevard, Reno, NV 89502

Registration Information - Provider	
Request Date:	Request Method: ☐ Fax ☐ Email ☐ Drop off at School
Primary Care Provider Name:	Primary Care Facility:
Primary Care Provider Address:	

Patient Information		
Name (Last, First):	Mailing Address:	
ID / SSN:	City, ST, Zip	
Date of Birth: ☐ Male ☐ Female	Day Phone:	Eve Phone:

Insurance information	
Guarantor: ☐ Self ☐ Spouse ☐ Parent ☐ Employer ☐ Other: _____	
Insurance: ☐ Commercial ☐ Medicare ☐ Medicaid ☐ Workers Comp ☐ None ☐ Other: _____	
Insurance Company Name & Address	Group Number:
Employer:	Relationship to patient:

Parent/Guardian Information #1	
Name	Mailing Address:
ID/SSN:	City, ST
Phone:	Email Address:

Parent/Guardian Information #2 (If applicable)	
Name	Mailing Address:
ID/SSN:	City, ST
Phone:	Email Address:

****If you will be attending visits via videoconferencing equipment, please be sure to complete email address above.**

Completed by: _____ **Signature**_____
(Please Print)