

**PATIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Sex Male Female

Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status M S W D

Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Patient's Height \_\_\_\_\_

Contact in case of an emergency: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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Patient's Employer \_\_\_\_\_ Address \_\_\_\_\_

Employment Status: Full-time Part-time Retired Laid-off Unemployed Student

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_

Spouse's Work Phone ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

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Primary Care Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Patient Drug/Allergies \_\_\_\_\_

Have you been seen by one of our physicians before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

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Primary Insurance \_\_\_\_\_

ID# \_\_\_\_\_ Account # \_\_\_\_\_ Effective Date \_\_\_\_\_

Mail claims to \_\_\_\_\_

Insurance through employment? \_\_\_\_\_ If yes, name of insured \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*Secondary Insurance \_\_\_\_\_

ID# \_\_\_\_\_ Account # \_\_\_\_\_ Effective Date \_\_\_\_\_

Mail claims to \_\_\_\_\_

Insurance through employment? \_\_\_\_\_ If yes, name of insured \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*Third Insurance \_\_\_\_\_

Mail claims to \_\_\_\_\_

Insurance through employment? \_\_\_\_\_ If yes, name of insured \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have Medicare due to Renal Failure? \_\_\_\_\_ If so, effective date \_\_\_\_\_

## Insurance Authorization and Assignment

I authorize Nephrology & Internal Medicine, Inc. to release information and submit insurance claim forms on my behalf for all services furnished on inpatient or outpatient basis.

I understand that the failure to notify Nephrology & Internal Medicine, Inc. of pre-certification requirements that result in the denial of charges by the insurance company will be the patient's full responsibility. The patient will also accept financial responsibility for denials of claims if the patient fails to notify Nephrology & Internal Medicine, Inc. of insurance changes in coverage.

I understand that if my health benefit plan participates in a(n) utilization management/review program, health maintenance organization (HMO), preferred provider network (PPO), point-of-service program (POS), or any other type of managed care or pre-paid health plan arrangement, I may be required to obtain prior authorizations, pre-certifications, or referrals from my primary care physician (PCP) before any services are provided by Nephrology & Internal Medicine, Inc. I also acknowledge that, if applicable, my failure to obtain any required prior authorizations, pre-certifications or referrals may result in my receiving less or no benefits under my health benefit plan. I understand that I will be responsible for payment of any outstanding balances or amounts that are not otherwise covered by my health benefit plan due to my failure to meet any of my health benefit plan requirements.

I request that all payments of benefits be made directly to Nephrology & Internal Medicine, Inc. I will be responsible for all deductibles, co-insurance and non-covered services.

This authorization will remain in effect until revoked in writing. A photo copy of my signature shall be valid as the original.

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Patient Signature or Responsible Party

Date

Statement to Permit Payment of Medicare Benefits to Provider, Physicians and Patients. Nephrology & Internal Medicine, Inc. Does Accept Assignment of Medicare Benefits.

Name of Beneficiary

Medicare ID#

I request that payment of authorized Medicare benefits be made on my behalf for any services furnished to me by Nephrology & Internal Medicine, Inc. including physician services. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or benefits for related services.

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Signature

Date