KIDNEY SPECIALISTS OF SOUTHERN NEVADA

Legal Entity Name: Nephrology & Endocrine Associates

☐ New Patient ☐ Established I

DATE	PLEASE ENTER THE NAME OF THE DOCTOR SEEING YOU TODAY	PATIENT NUMBER

PATIENT INFORMATION

PATIENT NAME (LAST) (FIRST) (M.I.)					SSN:
HOME PHONE ( )	SEX	DATE OF BIRTH	AGE	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED	RACE ☐ CAUCASIAN ☐ AFRICAN AMERICA ☐ HISPANIC ☐ ASIAN ☐ OTHER
ADDRESS					APT. / SPACE / UNIT #
CITY			STATE		ZIP
PATIENT'S EMPLOYER (Guarantor if patient is a minor or unemployed			OCCUPATION		
EMPLOYER'S ADDRESS					WORK PHONE ( )
CITY			STATE		ZIP

GUARANTOR INFORMATION

GUARANTOR NAME (LAST) (FIRST) (M.I.)		SSN	HOME PHONE ( )
GUARANTOR ADDRESS	CITY	STATE	ZIP
GUARANTOR EMPLOYER	OCCUPATION		HOME PHONE ( )
GUARANTOR EMPLOYER ADDRESS	CITY	STATE	ZIP

M.D.

REASON FOR VISIT	PRIMARY PHYSICIAN	HOW DID YOU HEAR ABOUT OUR OFFICE?

EMERGENCY

WHO TO NOTIFY IN CASE OF AN EMERGENCY	PHONE ( )	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP

INSURANCE INFORMATION (Please have receptionist copy your insurance cards)

1.

PRIMARY INSURANCE CO.			PHONE ( )
ADDRESS	CITY	STATE	ZIP
POLICY HOLDER NAME	DATE OF BIRTH		SSN
RELATIONSHIP TO PATIENT	POLICY HOLDERS EMPLOYER		
POLICY #	GROUP #		EFFECTIVE DATE

2.

SECONDARY INSURANCE CO.			PHONE ( )
ADDRESS	CITY	STATE	ZIP
POLICY HOLDER NAME	DATE OF BIRTH		SSN
RELATIONSHIP TO PATIENT	POLICY HOLDERS EMPLOYER		
POLICY #	GROUP #		EFFECTIVE DATE

The above information is complete and correct. I authorize treatment of the above named patient. I hereby authorize release of information necessary to file a claim with my insurance company and I assign benefits otherwise payable to me to the doctor or group indicated on the claim. All professional services rendered are charged to the patient. The patient is responsible for all fees, regardless of insurance coverage. In the event of collection proceedings due to lack of payment on my part, I agree to pay any and all collection fees that may be added to my account in order to recover monies due the doctor.

A copy of the signature is as valid as the original.