

NORTHWEST NEPHROLOGY CLINIC REGISTRATION FORM

(Please Print)

Today's date:

PCP:

PATIENT INFORMATION

Patient's last name: _____ First: _____ Middle: _____

Mr. Miss Marital status (circle one)
 Mrs. Ms. Single / Mar / Div / Sep / Wid

Is this your legal name? If not, what is your legal name? (Former name): _____

Yes No Birth date: / / Age: Sex: M F

Street address: _____ Social Security no.: _____ Phone Number: _____
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P.O. Box: _____ City: _____ State: _____ ZIP Code: _____

Occupation: _____ Employer: _____ Employer phone no.: _____
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Chose clinic because/Referred to clinic by (please check one box): Dr. Insurance Plan Hospital

Family Friend Close to home/work Yellow Pages Other

Other family members seen here:

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill: _____ Birth date: / / Address (if different): _____ Home phone no.: _____
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Is this person a patient here? Yes No

Occupation: _____ Employer: _____ Employer address: _____ Employer phone no.: _____
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Is this patient covered by insurance? Yes No

Please indicate primary insurance Medicare Medicaid Aetna Blue Cross Cigna

UHC Care Improvement Other

Subscriber's name: _____ Subscriber's S.S. no.: _____ Birth date: / / Group no.: _____ Policy no.: _____ Co-payment: _____
\$

Patient's relationship to subscriber: Self Spouse Child Other

Name of secondary insurance (if applicable): _____ Subscriber's name: _____ Group no.: _____ Policy no.: _____

Patient's relationship to subscriber: Self Spouse Child Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): _____ Relationship to patient: _____ Home phone no.: _____ Work phone no.: _____
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The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Northwest Nephrology Clinic. I understand that I am financially responsible for any balance. I also authorize Northwest Nephrology Clinic or insurance company to release any information required to process my claims.

Patient/Guardian signature _____

Date _____