

# *Kidney and Hypertension Specialists, PLLC*

## Registration Information

(Please Print)

Patients Name: \_\_\_\_\_

Last Name

First Name

Middle

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_  Home  Work Evening Phone: \_\_\_\_\_  Home  Work

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F Social Security Number: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

E-Mail Address: \_\_\_\_\_

Patient Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Employed by: \_\_\_\_\_

Spouse's Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

In case of an emergency who should be notified? \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ (Work): \_\_\_\_\_

### Primary Health Insurance

Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Subscriber's Birth date: \_\_\_\_\_ Subscriber's Social Security Number: \_\_\_\_\_

### Secondary Health Insurance

Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Subscriber's Birth date: \_\_\_\_\_ Subscriber's Social Security Number: \_\_\_\_\_

### Insurance Authorization and Assignment

I \_\_\_\_\_ hereby authorize Dr. Rashida Rahman, M.D. to apply for benefits for covered services to the above-mentioned insurance companies on my behalf. I assign all benefits to Dr. Rashida Rahman, M.D. I certify that all information I have reported with regard to my insurance coverage is correct. I authorize assignment and understand that I am personally responsible for all collection and attorney fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_