

Balboa Nephrology Medical Group, Inc.

Your Doctor has requested that this form be completed.

Please Print

Please Print

Doctor: _____

PATIENT INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ [] Home [] Work [] Other
Phone: _____ [] Home [] Work [] Other
Employer: _____
Phone: _____

Patient ID #: _____ Sex: [] M [] F
Date of Birth: _____ Age: _____
Social Security #: _____
Marital Status: [] Married [] Single [] Divorced
Referring Physician: _____
Primary Physician: _____
Do you have any Allergies? Yes No
If Yes, please list: _____

GUARANTOR

Same as Patient

Name: _____
Address: _____
City, State, Zip: _____

Employer: _____
Phone: _____
Phone: _____
Social Security #: _____
Date of Birth: _____

PRIMARY INSURANCE

[] Same as Patient [] Same as Guarantor [] Other

Insured Party: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____

Relationship to Patient: _____
Social Security #: _____
Insured ID / Cert. #: _____
Policy Group: _____
Date of Birth: _____
Allocation: _____

SECONDARY INSURANCE

[] Same as Patient [] Same as Guarantor [] Other

Insured Party: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____

Relationship to Patient: _____
Social Security #: _____
Insured ID / Cert. #: _____
Policy Group: _____
Date of Birth: _____

EMERGENCY CONTACTS

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that BNMG Physicians are not responsible for my care until my first appointment with the Doctor. Care does not begin at the time New Patient information forms are completed.

I hereby authorize and consent to examination and treatment as deemed necessary by physicians of Balboa Nephrology Medical Group. I authorize release of information to my insurance carrier should it be necessary. The undersigned agrees to pay any costs incurred by Balboa Nephrology Medical Group in the collection of amounts due including, but not limited to, reasonable attorney's fees.

I hereby assign all medical and/or surgical benefits, including major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to Balboa Nephrology Medical Group. This assignment will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as the original. I further authorize the release if all information necessary to secure payment.

I understand and agree that payment by the responsible party will not be delayed or withheld because of any dispute between the responsible party and any insurance company, reimbursing agency, third party payer or because of pending legal claims.

Date: _____ Responsible Party: _____