West Houston Nephrology

Date: _____

Registration Forms

☐ Dr. Cesar Bravo ☐ Dr. Maher Bishara ☐ Dr. Asma Qayyum

PATIENT'S INFORMATION

_____

Last Name First Lame Middle Name Preferred Name

_____ _____ _____

Marital Status Date of Birth (Mth/Day/Year) Social Security Number

_____

Street Address City State Zip Code

_____ _____ _____

Main Phone Number Home Phone Number Cell Phone

_____ _____ _____ _____

Email Address Sex Race (optional) Language Spoken

SPOUSE'S INFORMATION

_____ _____

Last Name First Name Phone Number

_____

Date Of Birth (Mth/Day/Year) ☐ **Yes** ☐ **No : Can Release Medical Information to Spouse**

Primary Doctor / Referring Doctor

_____

Primary Doctor Phone # Fax #

☐ **YES** ☐ **NO Do you want Notes and Labs sent to PCP**

_____

Referring Doctor Phone # Fax #

☐ **YES** ☐ **NO Do you want Notes and Labs sent to Referring Doctor**

EMPLOYMENT INFORMATION

___Full time Employed ___Full-Time Student ___ Part-Time Student

___ Part-Time Employed ___ Retired ___ Unemployed ___ Disabled

_____ _____

Employed By Occupation

INSURANCE INFORMATION

Do you Have Medical Insurance: ☐ Yes ☐ No (If YES fill out below Part)

Who is responsible for this Account: _____Relationship to PT:_____

_____ _____ _____

Name of Primary Insurance Group Number Subscriber Number

_____ _____ _____

Name of Secondary Insurance Group Number Subscriber Number

EMERGENCY CONTACT INFORMATION

Is the Emergency Contact the Spouse? ☐ YES ☐ NO (If yes Skip to next section)

_____

Relationship to Patient

_____ _____

Last Name First Name Phone Number

Do you want Medical Information release to Above Contact? ☐ YES ☐ NO

_____

Relationship to Patient

_____ _____

Last Name First Name Phone Number

Do you want Medical Information release to Above Contact? ☐ YES ☐ NO

ADVANCE DIRECTIVE

Do you have an Advance Directive? ☐ Yes ☐ No

If not would you like Information about Advance Directive? ☐ Yes ☐ No

MEDICARE AUTHORIZATION

I request that the payment of the authorized Medicare benefits be made either to me or on my behalf to Dr. Bravo, Dr. Bishara or Dr, Qayyum for services rendered to me by that physician. I authorize any holder of medical information about me to release to the healthcare financing administration and its agents any information needed to determine their benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay claim. If "other health insurance" is indicated in term 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes release of information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees the charges determined of the Medicare carrier as the full charge, and the patient is responsible only for deductible, Co-insurance, non-covered services. Co-insurance and the deductibles are based upon the charge determination of the Medicare carrier.

_____ _____

Signature of insured /guardian **Date**

ASSIGNMENT AND RELEASE

I, the undersigned have insurance coverage with _____(print Insurance Name) and assign directly to Dr. Bravo, Dr. Bishara or Dr. Qayyum all medical benefits, if any, otherwise payble to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize of this signature on all my insurance submissions whether manual or electronic.

_____ _____

Signature of Insured/Guardian **Date**

ACKNOWLEGEMENT REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed West Houston Nephrology Privacy Practices (ask for the policy book), which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

_____ _____

Signature of Patient / Representative **Date**

_____

Print Name of Patient/ Representative

_____

Description of personal Representative Authority