

**NEPHROLOGY & HYPERTENSION SPECIALISTS, P.C.  
REGISTRATION & INSURANCE INFORMATION**

**DATE:** \_\_\_\_\_ **SOCIAL SECURITY#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**PATIENT'S NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE: (HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**PREFERRED METHOD OF CONTACT: (circle one)** **HOME PHONE, CELL PHONE, WORK PHONE,**  
**OTHER** \_\_\_\_\_

**MOBILE CARRIER** (for sending text appointment reminders): (circle one) AT&T Verizon Sprint  
Other (please list carrier) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**RACE:** \_\_\_\_\_ **ETHNICITY: (circle one)** HISPANIC NONHISPANIC

**LANGUAGE:** \_\_\_\_\_ **SEX:** M F \_\_\_\_\_ **MARITAL STATUS:** M S D W

**EMPLOYER:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **(PHONE)** \_\_\_\_\_ **(RELATIONSHIP)** \_\_\_\_\_

I give permission to Nephrology & Hypertension Specialists, P.C. (NHS, P.C.) to file my charges with my insurance companies. I authorize NHS, P.C., to release to my insurance companies any information required for services provided. I permit a copy of this authorization to be used in place of the original and request that payments of insurance benefits are assigned to NHS, P.C. I understand that I remain responsible to NHS, P.C. for any and all charges not met by the payment of the assignment above for all charges should said payment not be paid within a reasonable time after charges are filed with the insurer.

➡ **RESPONSIBLE PARTY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

➡ **PATIENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*\*\*PLEASE RETURN THIS FORM TO THE FRONT DESK\*\*\*\*\***