

LAURIE C. NASH, MD, PLLC REGISTRATION FORM

Today's Date:					
PATIENT INFORMATION					
Patient's last name:		First:	Middle:		
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?:	Former name:	Birth date:	Age:	Sex:
Address:					
Email:					
Social Security no.: xxx-xx-		Home telephone:	Cellular telephone:		
Occupation:		Employer:	Work telephone:		
I was referred to this practice by:					
Primary Pharmacy information:		Name:	Address:		
		Tel. #:	Zip Code:		
Secondary Pharmacy information:		Name:	Address:		
		Tel:	Zip Code:		
IN CASE OF EMERGENCY					
Name of local friend or relative		Relationship to patient:	Home phone no.:	Cell phone no.:	
<p>The above information is true to the best of my knowledge. I understand that I am financially responsible for the visit. I authorize Laurie C Nash, MD, PLLC to release any information required to process any claims for blood work or outside tests. I agree that this authorization will cover all medical services rendered until such authorization is revoked by me. Please contact your insurance company to find out if you have out-of-network coverage, if you do, what your out-of-network deductible is and what percentage of the visit might be covered if you have reached your deductible. You may also want to find out if they cover well, annual or preventative visits and/or follow-up, sick or problem focused visits. Policies which do pay a percentage of the visits will usually only cover a percentage of what they deem "reasonable and customary", which is usually not equivalent to what a NYC doctor charges. I agree that a copy of this form may be used in lieu of the original.</p>					
Signature of Patient and Date					
<p>Patient Preferences:</p> <p><input type="checkbox"/> I consent/agree to be reached on my home telephone for confirmation calls and general messages</p> <p><input type="checkbox"/> I consent/agree to be reached on my cellular telephone for confirmation calls and general messages</p> <p><input type="checkbox"/> I consent/agree to be reached on my work telephone for confirmation calls and general messages</p> <p><input type="checkbox"/> I consent and agree to be reached via my email for general messages</p>					