

NEUROLOGIC CARE ASSOCIATES, P.C.
3340 South Oak Park Avenue, Suite 200
Berwyn, Illinois 60402
Phone: (708) 783-0222

PATIENT INFORMATION
(PLEASE PRINT)

Date: _____

First Name: _____ Last Name: _____ Social Security: _____

Date of Birth: _____ M _____ F _____ Marital Status: S M W D

Address: _____ Street _____ City _____ State _____ Zip Code _____

Home Phone #: _____ Work Phone #: _____

Name of Referring Physician: _____

Employer: _____ Occupation: _____

Employer's Address: _____ Street _____ City _____ State _____ Zip Code _____

EMERGENCY INFORMATION: (Nearest friend or relative not living with you)

Name: _____ Relationship: _____ Phone #: _____

INSURANCE CARD HOLDER INFORMATION

Patient relationship to insurance card holder: _____ Self _____ Spouse _____ Dependent _____

First Name: _____ Last Name: _____ Social Security #: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ M _____ F _____

I hereby authorize my physician (s) to release any information regarding services rendered by him/her and allow a photocopy of my signature to be used to file insurance.

I further authorize and direct my insurer to issue payment check (s) for benefits due to me for the services rendered by the physician to be made directly to him/her. Regardless of my insurance benefits, if any, I understand that I am financially responsible for the fees for services rendered.

I authorize the office staff and all physicians involved in my care to disclose and release my medical records to any person or organization that may be responsible for payment of my claim.

Signature (Patient or Parent/Guardian): _____ Date: _____

Patient Name: _____

Date of Birth: _____

The new healthcare regulation by the federal government requires us to document the following personal information:

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Race

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Preferred Language

- Arabic
- Chinese
- English
- French
- German
- Japanese
- Russian
- Spanish
- Vietnamese
- Other