Name:_____ Birthday:_____

Address:_____ Social Security No.:_____

City:_____ Marital Status: S M D W

State:_____ Zip Code:_____ Sex: M F

Home Phone:_____ Okay to leave message: Yes or No

Cell Phone:_____ Okay to leave message: Yes or No

E-mail:_____ Access to your Electronic Records: Yes or No

How did you hear about our practice:_____

Employer:_____ Business Phone:_____

Emergency Contact:_____ Relation to patient:_____

Phone:_____ Okay to leave message? Yes or No

Primary Care Physician:_____ Phone:_____

Referring Physician:_____ Phone:_____

Pharmacy:_____ Phone:_____

Primary Insurance:_____ Subscriber Name:_____

ID/Certificate No.:_____ Group No.:_____

Secondary Insurance:_____ Subscriber Name:_____

ID/Certificate No.:_____ Group No.:_____

Authorization for Release of Medical information:

I hereby authorize Nelson Vein & Surgical Services to release any medical information including that, which may be required in the processing of insurance forms for services rendered.

Signature: _____ Date:_____

Consent for Medical Examination & Evaluation:

I authorize Nelson Vein & Surgical Services to a physical examination, evaluation and retrieval with review of my medications.

Signature: _____ Date:_____

Assignments of Insurance Benefits:

I authorize direct payments for surgical and medical benefits by my insurance company to Nelson Vein & Surgical Services. I am responsible for any balance remaining after treatments are rendered. I am responsible for any and all co-payments, co-insurance, and any deductible balance that has not been met this year. Precertification/ Predetermination is not a guarantee of payment. If my insurance information is not correct, I am responsible for all remaining balances after services are rendered.

Signature: _____ Date:_____

Authorization of Nelson Vein & Surgical Services as a Training Site

I acknowledge Nelson Vein & Surgical Services as a training facility and understand that physicians may be observing in the room while Dr. Nelson performs the procedure.

Signature: _____ Date:_____

30915 Lorain Road Suite 100 North Olmsted, Ohio 44070
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