Mid-Maryland Neurology

Patient Information

Name	Date of Birth	Age	Social Security Number

Home Address	City	State	Zip

Mailing Address (if different from above)	City	State	Zip

Home Phone	Work Phone

Sex: ❑ Male ❑ Female	Marital Status: ❑ Single ❑ Married ❑ Widowed ❑ Divorced	Spouse's Name

E-mail	Cell Phone

Primary/Referring Physician's Name (*Required*)	Address	City	State	Zip

Employment Information

Employed ❑ Yes ❑ No	Employer (Parent's employer if minor)	Position

Employers Address	City	State	Zip	Phone

Spouse's Employer	Spouse's Social Security Number

Spouse's Employer's Address	City	State	Zip	Phone

Responsible Party Information

Person Responsible for Medical Expenses	Relationship to Patient	Phone

Address	City	State	Zip

Primary Insurance Information

Insurance Company	Policy Number	Medicare Number

Address of Insurance Company	City	State	Zip	

Subscriber's Name	Subscriber' Relationship to Patient: ❑ Self ❑ Spouse ❑ Parent ❑ Other:

Policy Holder's Social Security Number:	Policy Holder's Date of Birth

Secondary Insurance Information

Insurance Company	Policy Number	Medicare Number

Address of Insurance Company	City	State	Zip

Subscriber's Name	Subscriber' Relationship to Patient: ❑ Self ❑ Spouse ❑ Parent ❑ Other:

Policy Holder's Social Security Number:	Policy Holder's Date of Birth

Emergency Contact Information

Person to Contact in Case of Emergency (Other than Spouse)	Relationship to the Patient	Phone

Authorization For the Release Of Information and for Payment to Mid-Maryland Neurology

I authorize the release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administrating claims for insurance benefits. I also authorize payment of insurance benefits directly to *Mid-Maryland Neurology*. I am responsible for payment if my insurance does not pay for services. I acknowledge the receipt of Mid Maryland Neurology's privacy practices.

X

Signature of Patient, or Parent if a minor ***Date***

We reserve the right to charge $25.00 for missed appointments if not given 24 hours notice of the cancellation.