RENAL ASSOCIATES, P.A.

Renal Associates, P.A.
Patient Information Form

Office Use Only ☒ New ☐ Existing Account #: _____

*****PLEASE PRINT ALL INFORMATION in BLACK/BLUE INK*****

Patient Name: _____ **Birth Date:** _____

Sex: ☐ F ☐ M **SS #:** _____ **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____ **Other Phone:** _____

May we remind you of appointment/lab needs via email? ☐ No ☐ Yes **Email:** _____

Please select ethnicity: ☐ I **am not** of Hispanic origin. ☐ I **am** of Hispanic origin. ☐ Do not wish to report

Preferred language: ☐ English ☐ Spanish ☐ Other Language: _____

Please indicate one as your race: ☐ Asian ☐ Black, African American ☐ Hispanic ☐ Native Hawaiian
☐ White ☐ Other Pacific Islander ☐ American Indian/Alaska Native ☐ Do not wish to report

Employment Status: ☐ Employed ☐ Retired ☐ Unemployed

Employer Name: _____ **Work Phone:** _____

Employer Address: _____

Occupation: _____

In emergency notify: _____ **Phone #:** _____ **Relation:** _____

Primary Care Physician: _____ **Phone #:** _____

Referring Physician: _____ **Phone #:** _____

PRIMARY Insurance Company: _____

Policy/Subscriber #: _____ **Group #:** _____

Policyholder Name: _____ **Policyholder's Birth Date:** _____

Policyholder Employer Name/Phone #: _____

Policyholder's relationship to patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other: _____

SECONDARY Insurance Company: _____

Policy/Subscriber #: _____ **Group #:** _____

Policyholder Name: _____ **Policyholder's Birth Date:** _____

Policyholder Employer Name/Phone #: _____

Policyholder's relationship to patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other: _____

IF THIRD INSURANCE, PLEASE LIST:
Name of Insurance: _____ **Policyholder:** _____ **Policyholder's DOB** _____

Patient Signature (Guardian or Guarantor): _____ **Date:** _____

PLEASE BE READY TO PROVIDE AT THE FRONT DESK:

1. Your insurance card(s) to be scanned
2. Your driver's license or ID to be scanned
3. Your co-pay or payment due at time of service…
   ...and your best smile for a picture!