



Kidney Specialists, PC

1230 South Cedar Crest Blvd., Suite 301 • Allentown, PA 18103

PATIENT DEMOGRAPHIC SHEET

Referring Doctor: _____ Phone: _____
Family Doctor: _____ Phone: _____
Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Cell Phone #: _____
Work Phone #: _____ Emergency Phone #: _____
Date of Birth: _____ Social Security #: _____
Sex: [] M [] F Marital Status: [] S [] M [] D [] W Spouse's Name: _____
Email Address: _____

Emergency Contact

Name: _____ Phone: _____

Primary Insurance

Company Name: _____
ID Number: _____
Group Number: _____
Subscriber's Name: _____
Subscriber's DOB: _____

Secondary Insurance

Company Name: _____
ID Number: _____
Group Number: _____
Subscriber's Name: _____
Subscriber's DOB: _____

MEDICARE AND MEDICAID AUTHORIZATION AND ASSIGNMENT

I request payment of authorized Medicare/insurance benefits be made on my behalf to Valley Kidney Specialists, PC for any medical services furnished to me. I authorize Valley Kidney Specialists, PC to release my medical information necessary to determine benefit coverage to the Centers of Medicare and Medicaid Services and/or its agents.

Signature: _____ Date: _____

ALL PATIENTS TREATMENT AUTHORIZATION AND ASSIGNMENT

My signature authorizes the physicians of Valley Kidney Specialists, PC to provide medical treatment to me and submit claims to my insurance for treatment on my behalf. I understand that I am financially responsible for the medical care provided to me, and any balances not covered by insurance are due in full to Valley Kidney Specialists, PC.

Signature: _____ Date: _____

COMPLETE BOTH SIDES



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I _____ authorize Valley Kidney Specialists, PC to leave personal, medical information about myself at the following numbers. I understand that this option is voluntary and by checking "DECLINE", Valley Kidney Specialists, PC will only give personal, medical information to myself or my chosen personal representative.

- Cell Phone: (number) _____
- Home answering machine: (number) _____
- At work: (number) _____
- Personal Representative: (See Privacy Rule Form)
- Decline all of the above options

Signature: _____ Date: _____