

# MICHIGAN KIDNEY CONSULTANTS, P.C.

## PATIENT INFORMATION

Patient Last \_\_\_\_\_ First \_\_\_\_\_ M.I \_\_\_\_\_ Social Security # \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Street Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

If Patient is a minor, Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Contract # \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Contract # \_\_\_\_\_ Group# \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_\_

Medicare Part D Ins. Co. \_\_\_\_\_ Contract # \_\_\_\_\_

**ALLERGIC TO:**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

***Do you have an Advanced Care Directive (Living Will) in place? Yes No***

I understand that I am responsible for all charges for services rendered on my behalf. I understand that I am responsible for the payment of all co-pays and deductibles. I understand that any services not covered by my insurance will become my responsibility. *Patient Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Michigan Kidney Consultants, P.C. - Notice of Privacy Practices Acknowledgement**

Federal law requires that we offer you're a copy of our Notice of Privacy Practices and document that we do so. If you would like a copy, please inform our receptionist. *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

If you wish to authorize us to release medical information about you to any family or friends, please list them below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Is it ok to leave a short message on your home or work voicemail? Yes \_\_\_\_\_ or No \_\_\_\_\_