

Nelson Menezes Vascular Specialist PC

Medical Office Registration Form

Today's Date: _____

Referred By: _____

*PLEASE BRING WITH YOU TO YOUR APPOINTMENT THE FOLLOWING DOCUMENTS:
YOUR MEDICAL INSURANCE CARD(S) AND YOUR PRIMARY CARE PHYSICIAN'S
REFERRAL, IF REQUIRED BY YOUR INSURANCE COMPANY.*

INFORMATION ABOUT YOU:

PATIENT'S NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE- HOME: _____ WORK: _____ S.S. #: _____

UNEMPLOYED RETIRED OTHER _____

NAME OF YOUR EMPLOYER: _____

POSITION: _____ ADDRESS: _____

NAME OF YOUR MEDICAL
INSURANCE CARRIER: _____ POLICY/ID#: _____

MAILING ADDRESS: _____

DOES YOUR MEDICAL INSURANCE COME FROM YOUR EMPLOYER OR YOUR SPOUSE?: _____

DO YOU HAVE MEDICARE PART A? YES NO IF YES, EFFECTIVE DATE: _____

DO YOU HAVE MEDICARE PART B? YES NO IF YES, EFFECTIVE DATE: _____

WHAT IS YOUR MEDICARE NUMBER?: _____

WHAT IS YOUR MEDICAID NUMBER? _____

DO YOU HAVE A SECONDARY INSURANCE PLAN OR OTHER 20% CO-INS. PLAN?: _____

IF SO, NAME AND I.D. #: _____

INFORMATION ABOUT YOUR SPOUSE:

SPOUSE'S NAME: _____ ADDRESS: _____

SPOUSE'S EMPLOYER: _____ ADDRESS: _____

SPOUSE'S BIRTHDATE: _____ SPOUSE'S S.S. #: _____

SPOUSE'S INSURANCE: _____ ID #: _____