



# Nephrology Consultants, L.L.C.

2780 Bob Wallace Avenue • Huntsville, Alabama 35805-4104 • Phone (256) 533-4626 • Fax (256) 533-4710

Patient Name: \_\_\_\_\_

Sex: Male ( ) Female ( ) Transgender ( ) Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ S.S.#: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Widowed ( ) Divorced Driver's License # \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: ( ) Hispanic ( ) Non-Hispanic Language: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Spouse or Parent (if patient is a minor): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ S.S.#: \_\_\_\_\_

Person Responsible for this Account: \_\_\_\_\_

Self ( ) Spouse ( ) Parent ( ) Date of Birth: \_\_\_/\_\_\_/\_\_\_ S.S.# \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ City/State: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ \*Include Emergency Contact on HIPAA Authorization Form\*

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_/\_\_\_/\_\_\_

**OFFICE USE ONLY: Patient Portal Enabled ( ) YES ( ) NO**