

Desert Neurology

Patient Name: Last _____ First: _____ Middle Initial: _____

Date of Birth: _____ Sex: Male Female Social Security #: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Marital Status : Single Married Other

Race: _____ **Preferred Language:** _____

Employed: _____ Work Phone: _____ Retired Disabled

Primary Insurance: _____ ID #: _____ Group #: _____

Insurance Address: _____

Insurance Phone #: _____

Guarantor: Self Spouse Child Other _____

Guarantor's Name: _____ Guarantor's DOB: _____

Secondary Insurance: _____ ID #: _____ Group #: _____

Insurance Address: _____

Insurance Phone #: _____

Guarantor: Self Spouse Child Other _____

Guarantor's Name: _____ Guarantor's DOB: _____

Do you have Advanced Directives: Yes No

Would you like information on the NV State Law Concerning Advanced Directives? Yes No

Primary Care Doctor: Name _____

Telephone #: _____

Fax #: _____

Pharmacy: _____

Telephone #: _____

Address: _____

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Cancellations: Please try to give as early notice as possible for cancellations so that other patients may take advantage of the time slot. Occasionally Dr. Veerappan must cancel an office time as a result of emergencies. For this reason it is important to give a phone number where you may be reached so as to avoid unnecessary travel.

There will be a \$25.00 charge for all "No Show" appointments and "Late Cancellations".

There will be a \$25.00 charge for all returned checks.

_____ **Initials**

There will be a \$25.00 charge for all FMLA forms.

There will be a \$50.00 charge for all letters.

There will be a \$100.00 charge for all Disability Packages.

_____ **Initials**

Desert Neurology does not evaluate or treat personal injury of any kind.

We will not participate in any attorney or court proceedings due to personal injury, motor vehicle accident or workmans compensation. If you are here due to a personal injury; please contact your primary care doctor for a referral to a different Neurology Group.

_____ **Initials**

Waiting Time: Each patients time is extremely valuable and no one should be kept waiting.

Unfortunately, however, there are significant limitations on our ability to predict exactly how long each patients visit will take. If a few patients run over the predicted time, it then makes all other appointments behind schedule. In addition, emergencies or unanticipated problems can put the schedule behind. Our policy is to never rush a patient and to be as thorough as possible. However, this sometimes means a delay in the schedule resulting in waiting time.

Dr. Veerappan apologizes in advance for any delay.

The above information is complete and correct. I authorize release of information necessary to file a claim with my insurance company and assign benefits to Venkat Veerappan, MD, PC dba Desert Neurology. We will gladly file your insurance claim; however, payment for copay and deductables are required at the time of service. We cannot guarantee payment to Venkat Veerappan MD, PC dba Desert Neurology. We have an agreement with you, not your insurance company for payment. In the event your insurance company denies a claim you will become responsible for services rendered to a minor. If your account is turned over for outside collections, you will be responsible for all associated costs.

Name: _____ **Signature:** _____ **Date:** _____