



# HYPERTENSION AND NEPHROLOGY SPECIALISTS, LLC

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www.hnsdoc.com

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## PATIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC. SEC # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ GENDER \_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## INSURANCE INFORMATION

PRIMARY INSURANCE \_\_\_\_\_

ID # \_\_\_\_\_ GROUP # \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER OF POLICY HOLDER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

**SECONDARY INSURANCE** \_\_\_\_\_

ID # \_\_\_\_\_ GROUP# \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER OF POLICY HOLDER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

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**DOCTOR INFORMATION**

**PRIMARY PHYSICIAN** \_\_\_\_\_

ADDRESS,CITY,STATE,ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**REFERRING PHYSICIAN** \_\_\_\_\_

ADDRES, CITY,STATE,ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

**MEDICAL INFORMATION**

REASON FOR VISIT \_\_\_\_\_

MEDICATIONS CURRENTLY TAKING \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES \_\_\_\_\_

PHARMACY NAME, LOCATION & PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

Can we leave messages regarding your medical information (laboratory tests, radiology tests, billing information, etc...) on the following (Please indicate preferred method):

Home answering machine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Preferred Method
Office answering machine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Preferred Method
Cellular phone voice mail	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Preferred Method
Email	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Preferred Method

**RELEASE OF INFORMATION, ASSIGNMENT OF BENEFITS, FINANCIAL RESPONSIBILITY, ELECTRONIC SIGNATURE, OFFICE POLICIES**

I authorize the release of any medical information about me necessary to process claims for services rendered to me by Hypertension and Nephrology Specialists, LLC. I authorize direct payment to Hypertension and Nephrology Specialists, LLC for any services rendered to me. I understand that I am ultimately financially responsible for all claims that are denied or not covered by my insurance company for any reason and agree to pay any uncovered balances in full. I agree that if Medicare denies any submitted claim for any reason, that my signature below affirms that I agree to pay, in full, any remaining balance for any unpaid services rendered.

I understand that links to educational material discussed during my visit is generally available on the official web page of Hypertension and Nephrology Specialists, [www.hnsdoc.com](http://www.hnsdoc.com), and I will refer to the references therein for educational information. I understand that Hypertension and Nephrology Specialists will print educational material upon my request.

In order to limit paper waste and to facilitate the CMS requirement that a summary of my medical information be made available to me, I agree that as a patient at Hypertension

and Nephrology Specialists I will either make my email address available to the company in order to facilitate my access to my personal medical information, or I will permit Hypertension and Nephrology Specialists to create an email address on my behalf regardless of my intent to access my medical information.

If I do not give Hypertension and Nephrology Specialists at least 24 hours notice prior to cancelling a scheduled office visit, I understand that Hypertension and Nephrology Specialists, LLC has rescheduling fee of \$50 for a follow-up visit and \$100 for an initial visit. I understand that enforcement of such policy is entirely up to the sole discretion of Hypertension and Nephrology Specialists, LLC

I understand that laboratory blood work results are often not forwarded to the ordering physician, and that it is my responsibility to notify Hypertension and Nephrology Specialists, LLC when I have had blood drawn at any outside laboratory facility.

I understand that the only official means of communication with my physician is during the actual office visit. After normal business hours, Hypertension and Nephrology Specialists will have a physician on call for emergency calls only. Because my physician is busy caring for patients either in the hospital or in the office for the entire day, any other phone calls may be returned after normal business hours, at the sole discretion of the treating physician.

I understand that there may be a fee for all forms filled out by my physician.

My signature below is my official signature of record. When electronically signing Hypertension and Nephrology Specialists, LLC documents, the electronic signature is equivalent to and as legal and binding as the signature below.

Signature of Patient/Legal Guardian \_\_\_\_\_ **Date** \_\_\_\_\_