

Sumeeta M. Nanda, M.D.
Hoda H. Maarouf, M.D.

PLEASE PRINT

Patient Information

Name: _____ Social Security No _____
Last First MI

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Marital Status: S M W D Race: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Is it ok to leave a message on your voicemail regarding appointments reminders, lab results, etc.? YES / NO

If so which number? HOME / WORK / CELL (circle all that apply)

Employer: _____ Home Email Address: _____

Spouse's Name _____ Phone _____ Work Phone _____

Pharmacy Name and Phone Number: _____

Insurance Information

Primary Insurance Name: _____

Policy Holder's Name _____ DOB _____ Social Security No _____

Relationship to Patient _____ Policy Holder's Employer _____

Secondary Insurance Name: _____

Policy Holder's Name _____ DOB _____ Social Security No _____

Relationship to Patient _____ Policy Holder's Employer _____

Emergency Contacts (Other Than Spouse)

Name _____ Relationship _____

Phone No _____ Work No _____

Who referred you to our office? _____

Responsible Party and Payment of Benefits

I understand that I am financially responsible for all charges that are not directly paid by my insurance company. If the doctor is a participating provider on my insurance I understand that I am responsible for any co-insurance, co-pay, or deductible not paid by my plan. I authorize my insurance company to pay benefits directly to Dr. Sumeeta Nanda or Dr. Hoda Maarouf.

- If you are more than 15 minutes late for a scheduled appointment, you will be asked to reschedule for another time/day
- All missed appointments or no show appointments will be charged a \$25.00 fee

Signed: _____ Date: _____