

NEUROLOGICAL CONSULTANTS

230 Sherman Avenue • Glen Ridge, NJ 07028 • 973-743-9555

Patient Sign-In Sheet

(Please print or write clearly)

Referred By

Patient's Name

Date

Address

Town

Zip

Home Phone

Cell Phone

Age

Date of Birth

Employer's Name

Marital Status

Employer's Address

Sex

Social Security Number

Emergency Contact

Phone

Insurance Information:

Medicare

Medicaid

Private Insurance Name

ID Number

Policy Holder's Name (if different from above)

If this visit is the result of an **AUTOMOBILE ACCIDENT** or **WORKMAN'S COMP CASE**, please fill in below:

Insurance Company Name

Phone

Address

Town

Zip

Date of Accident Claim

I hereby authorize and direct payment to Neurological Consultants for the medical benefits, if any, otherwise payable to me under the terms of my insurance. If it is necessary to send my account to a collection agency, a fee of 33% will be added to the account. I hereby authorize any physician, hospital, or medical facility to provide all information on my medical history to Neurological Consultants.

I hereby authorize photocopies of this form to be valid as the original.

Date

Patient's Signature

Please Fax back to: 201-743-7663