BANERJEE KIDNEY CENTER

5 Myers Drive Unit 105 Mullica Hill NJ 08062
Phone (856)431-6300 Fax (856)431-6310

PATIENT INFORMATION

Patient Name: _____
(First) (Middle) (Last)

Address: _____

City: _____State: _____Zip: _____

Phone(home): _____Phone(cell): _____Phone(work)_____

Email Address: _____

Birthdate: _____ Height: _____Weight: _____ Gender:_____

Social Security Number: _____ Preferred Language: _____

Race: _____Ethnicity:(circle) Hispanic/Latino, Non-Hispanic, Unknown

Primary Pharmacy/address: _____Mail Order Pharmacy: _____
Emergency Contact: _____Relationship: _____
(First/last name &phone number)

Financially Responsible Party's Full Name (if different then patient) Date of Birth, Address, Phone Number:

***PLEASE PROVIDE ALL INSURANCE CARDS AT EACH VISIT ***

I request that payment of authorized insurance benefits be made on my behalf to Banerjee Kidney Center for any services furnished me by my physician. I authorize any holder of medical information about me be to release it to insurance companies as needed to determine these benefits or the benefits payable for related services.

I authorize Banerjee Kidney Center to use the following phone numbers to relay any laboratory or medical results, appointment information, and leave such information on an answering machine.
Phone:_____

I would like my prescriptions to be sent electronically to my pharmacy. Y/N

Patient Signature: _____Date: _____