MIRZA N. BAIG, MD, PHD
NEUROSURGEON
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Neuro Care Partners

ADULT PATIENT INFORMATION

☐New ☐ Established

***** Anyone 18 years or older will be considered an adult and placed on their own account *****

PATIENT

Legal Name (Please provide full legal name below) | Primary Language

Last | Referring Physician

First | Primary Physician

Middle | Alternate Name (Preferred, Nickname, Maiden Name)

Social Security Number | Marital Status M S D W ☐Male ☐Female

Date of Birth | Student Status ☐Not a student ☐Full-time ☐Part-time

Address | ***Check preferred contact number***

City | State | ☐Home (Landline)

Zip Code | ☐Cell

Employer | ☐Work/email

Emergency Contact (person NOT living with patient to contact):

Name | Relationship to patient | Phone/email

NOTE Neuro Care Partners, PLLC and Dr. Baig routinely do family billing (all family member charges appear on one bill). This bill may be addressed to the person listed below on the primary insurance.

SPOUSE

Legal Name (Please provide full legal name below)

Last | Primary Language

First | Alternate Name (Preferred, Nickname, Maiden Name)

Middle | Social Security Number

Address | Date of Birth ☐Male ☐Female

City | Student Status☐ Not a student ☐Full-time ☐Part-time

Check preferred contact number

State | ☐Home (Landline)

Zip Code | ☐Cell

Employer | ☐Work/email

Please provide all pertinent information regarding your insurance coverage and present your current insurance card to the receptionist.

☐**I have no insurance, please address the bill to:**
☐Patient ☐Spouse

My Medicare insurance is not prime because:
☐Patient or spouse employed ☐Disability ☐Other

INSURANCE

Primary Insurance

Person Carrying Ins.

Effective Date | Ins ID# | Date of Birth

Group # | Relation to Patient | SS#

Secondary Insurance

Person Carrying Ins.

Effective Date | Ins ID# | Date of Birth

Group # | Relation to Patient | SS#

By signing this, I verify that this information is correct and that I am ultimately financially responsible for any charges incurred.

X

Signature **Date**

OTHER

How did you hear about Dr. Baig / NeuroCare Partners, PLLC? ☐Friend ☐ Radio ☐ Family member ☐Physician
☐Print Advertisement ☐ Phone Book ☐Internet Ad/Search ☐ Television Commercial ☐Other _____