



## Neema Malhotra, MD, USCIS Clinic – New Patient Registration

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**COMPLETE ALL INFO IN CAP LETTERS & SIGN FORM BELOW. PLEASE GIVE INSURANCE CARDS, CREDIT CARD & ID TO FRONT DESK**

\*SELECT: >  Parents/Guardian Holds Insurance  Patient Holds Insurance  No Insurance (Self Pay)  HMO (Kaiser etc.)

### PATIENT INFORMATION

*Last Name:	*First Name:	Middle In:
*Date of Birth: (MM/DD/YYYY) / /	*Sex: M / F	*Social Security #:
*Home Address :		
*City:	*State:	*Zip:
*Mobile Phone:	Phone 2:	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Other
*E-Mail:	Pharmacy Address For eRx:	

### INSURED INFORMATION

*Last Name:	*First Name:	Middle In:
*Date of Birth (DOB):	*Sex: M / F	Social Security #:
*Home Address :		
*City:	*State:	*Zip:
*Mobile Phone:	Phone 2:	E-Mail:
Insurance Company:		
*Subscriber ID # :	Group # :	Relation to Patient:
*Primary Care Provider (PCP):	Restricted Select Plan?: Yes / No	Deductibles Met?: Yes / No
*Second Insurance (If any)?:	Insurance:	Member ID: Group #:

### DEPENDENTS INFO COVERED UNDER INSURANCE POLICY

1. Name	DOB:	Sex: M / F	Relation:
2. Name	DOB:	Sex: M / F	Relation:
3. Name	DOB:	Sex: M / F	Relation:
4. Name	DOB:	Sex: M / F	Relation:

<b>EMERGENCY CONTACT</b>	Name:	Phone:
	E-Mail:	Relationship:

\*Send Appointment Reminders by  Phone  Email  Text How did you hear about us?

### CONSENT OF TREATMENT, PAYMENT AGREEMENT AND RECEIPT OF HIPAA POLICY

I hereby grant consent to treat all adult or minor patients listed above including in my absence. I authorize release of all medical info needed to process claims and payment of benefits directly to Neema Malhotra, MD

I am fully responsible for all charges for services rendered, including any insurance non-covered charges, deductibles, co-pay or co-insurance and hereby further authorize Clinic to charge my credit card on file for any uncovered charges, unpaid balance after my insurances have processed the claim. I acknowledge the receipt of HIPAA Patient Privacy Policy. I may be contacted by phone, SMS text or email given above.

RESPONSIBLE PARTY: \*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_