



NEW PATIENT Information Form

227 W. Janss Rd. #135
Thousand Oaks, CA 91360
Tel (805) 373-2890
Fax (805) 364-5464
Neuronoffice@gmail.com

Name (first)_____ MI_____ Last_____
Date of birth_____ Gender _____ Marital status_____
Address (street)_____
(City, state, zip)_____ e-mail _____
Phone #_____ cell #_____ Driver lic. Or ID#_____
Employer name and address _____
Work phone #_____ If student, school name_____
Referring physician/healthcare providers _____

RESPONSIBLE PARTY, SIGNIFICANT "OTHER" OR SPOUSE INFORMATION

Name_____ Relationship to patient_____
Address (street)_____
(City, state & zip) _____
Phone#s_____ Driver License # or ID#_____
Work #_____ Employer name/address_____
Friend or relative not living with you _____ Phone#_____

INSURANCE INFORMATION

Medicare # or PPO ID # _____ Supplemental Plan name or PPO Insurance _____
Insured's Name _____ Relationship to patient _____

PHARMACY INFORMATION

Preferred Pharmacy: _____ Address: _____
Phone#: _____

I Agree to Terms *:

I hereby assign, transfer and set over to Neuron Medical Corp. all my rights, title and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all charges whether they are covered by insurance or not.

A \$100 cancellation fee will be charged to all patients who do not cancel their appointment within 24 hours prior to their scheduled appointment.
The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at https://openpaymentsdata.cms.gov.

Patient's signature _____ Date _____