



HAND SURGERY SPECIALISTS OF NEVADA

Specializing in the treatment and rehabilitation of the hand, wrist, and elbow

9321 W. Sunset Rd. Las Vegas, NV 89148 Phone (702) 645-7800 • Fax (702) 650-0865

Patients Name: _____ DOB: _____ SSN: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Sex: Male Female Marital Status: Single Married Widowed Divorced Separated

Race: Asian African American White Hispanic Other _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

If the patient is under the age of 18, are you the legal guardian? Yes No

Guardian's Name: _____ Phone: _____

Relationship: _____ DOB: _____ SSN: _____

Address: _____

Name of Employer: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Primary Care Physician (Required): _____ Phone: _____

Work Related Injury: Yes No Auto Accident: Yes No Date of Injury: _____

Advanced Directive: Yes No Copy on File: Yes No Retired: Yes No

INSURANCE COVERAGE:

Primary

Insurance Company: _____

Address: _____

Phone: _____

ID#: _____

Group#: _____

Relation to Patient: Self Spouse Parent

Subscriber Name: _____

Subscriber Address: _____

Subscriber Employer: _____

Subscriber SSN# _____ DOB: _____

Secondary

Insurance Company: _____

Address: _____

Phone: _____

ID#: _____

Group#: _____

Relation to Patient: Self Spouse Parent

Subscriber Name: _____

Subscriber Address: _____

Subscriber Employer: _____

Subscriber SSN# _____ DOB: _____

Pharmacy Preference: _____ Phone: _____

Pharmacy Address: _____

AUTHORIZATION TO RELEASE INFORMATION & ASSIGNMENT OF BENEFITS

The above information is complete and correct. I authorize release of information necessary to file a claim with my insurance company and I assign benefits to Hand Surgery Specialists of Nevada Young LLP dba Hand Surgery Specialists of Nevada. We will gladly file your insurance claim, however, payment for co-pays and deductibles are required at the time services are rendered. We cannot guarantee payment to Hand Surgery Specialist of Nevada. We have an agreement with you, not your insurance company for payment. In the event your insurance company denies a claim, you will become responsible to all amounts not covered payable to Hand Surgery Specialists of Nevada. Parents/Guardians are responsible for services rendered to a minor. If your account is turned over for outside collections, you will be responsible for all costs of the outside collection agency. I authorize release of all medical records to referring and primary care physicians and the insurance company, as applicable. I authorize fax transmission of medical records if necessary.

SIGNATURE OF PATIENT/GUARDIAN: _____ DATE: _____



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The information provided is correct to the best of my knowledge. I will not hold Hand Surgery Specialists of Nevada, its health providers, or its employees responsible for any errors or omissions that I may have made in completing the information on these forms.

Consent for Medical Treatment and/or Testing Services

I give permission to Hand Surgery Specialists of Nevada to perform the following services that the physicians and other non-physicians providers and assistants may deem to be necessary: (a) medical, surgical and diagnostic (e.g.: including, but not limited to x-rays, wound cultures, and laboratory tests) processes, treatments and procedures; (b) administration of injections and medications. If your treatment requires evaluation that is more complex, laboratory tests, medications, x-rays, or durable medical equipment and supplies, you will be charged for those in addition to the appropriate office visit fee.

These fees will be collected and/or billed after medical care has been provided.

Signature: _____ **Date:** _____

Notice of Privacy Practices (NOPP)

Your name and signature below indicate that you have been made aware of Hand Surgery Specialists of Nevada's Notice of Privacy Practices (NOPP) on the date indicated. You understand that the NOPP is posted in the center and a copy will be provided to you if you request it. If this is your first date of service with Hand Surgery Specialists of Nevada, please indicate this to the front desk receptionist and he/she will provide you a copy of the NOPP. If you have any questions regarding the information in Hand Surgery Specialists of Nevada's Notice of Privacy Practices, contact the Director of Operations at (702) 645-7800.

Signature: _____ **Date:** _____

To Whom May We Release Information Regarding Your Healthcare

Information will not be released to anyone without your written consent below. You may change this information at any time.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____