



Texas Nephrology and Hypertension Specialists, P.A.

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PATIENT INFORMATION

Form with fields for: DATE, ACCOUNT NUMBER, LAST NAME, FIRST NAME, MI, STREET ADDRESS, APT.#, CITY, STATE, ZIP CODE, SEX, BIRTH DATE, SOCIAL SECURITY NUMBER, HOME TELEPHONE NUMBER, DRIVER'S LICENSE NUMBER, E-MAIL, INSURANCE COMPANY (PRIMARY), INSURANCE COMPANY (SECONDARY), MEMBER OR MEDICARE NUMBER, GROUP NUMBER, EMPLOYMENT INFORMATION, TRANSPLANT RECIPIENT INFO, REFERRED BY, EMERGENCY NOTIFICATION.

Physician may leave Lab Results on answering machine [] yes [] no phone# _____
To respect your privacy please tell us how we should contact you regarding Appointment Reminders, Lab Results, etc. List only the numbers you would like us to contact.
Home: _____ Work: _____
Cell Phone: _____ Fax: _____

AUTHORIZATION TO PAY PHYSICIAN

I hereby authorize payment directly to _____ of the Medical Expense benefits otherwise payable to me but not to exceed my indebtedness to said physician on account of the enclosed charge.

Date: _____ Signed: _____