Preete Bhanot M.D., Inc.
18181 Butterfield Blvd. Suite 125
Morgan Hill, CA 95037
Ph. 408-782-2515 Fax 408-782-2517

New Patient Information

Name: _____ D.O.B._____ Email: _____

Home Phone _____Cell Phone _____ Social Sec #_____

Address _____ City _____

State ____ Zip Code _____ Referring Dr. Name _____ Phone # _____

Employer _____ Work Phone _____

In Case of Emergency please list 2 Emergency Contact Phone # *other than your Home #*

Name_____ Relationship_____ Phone # _____

Name_____ Relationship_____ Phone # _____

Please complete the insurance information below and present your insurance card at registration.

Primary Insurance

Insurance Company _____

Policy Holder _____

Policy Holder's DOB _____

Insured Id # _____

Relationship to Patient _____

Secondary Insurance

Insurance Company _____

Policy Holder _____

Policy Holder's DOB_____

Insured Id # _____

Relationship to Patient _____

Responsible Party/Spouse Information

Name_____ DOB _____ Age ____ Relationship_____

Address _____ City_____ Zip _____

Home Phone _____Work phone _____ Cell Phone _____Social Security #_____

Assignment of Benefits

I herby authorize Preete Bhanot M.D., Inc., to examine and treat the above patient and will assume full responsibility for payment of all services. In the event of default, I also agree to pay for collection costs and attorney's fees that may be required to effect collection. The undersigned hereby authorizes Preete Bhanot M.D., Inc., to furnish necessary information to the involved insurance companies and further authorize and assign payment of medical and surgical benefits due under the Insurance Policy.

Patient/Responsible Party Signature _____ Date _____

Relationship to Patient _____

NAME_____

DOB_____

Patient Information

Please provide the following information to meet the reporting requirements of using the Electronic Health Record established by the Dept of Health and Human Services of the U.S Govt.

Please Circle your selection

Race:

American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific
Black or African American
White
Hispanic
Other Race
Other Pacific Islander
Unreported/Refused to Report

Ethnicity:

Hispanic or Latina
Not Hispanic or Latina
Refused to Report

Language:

English
Indian (includes Hindu & Tamil)
Spanish
Russian
Chinese
Other (Please specify) _____