



South Florida Nephrology Consultants

Memorial Regional Hospital Medical Office Centre
1150 N. 35th Avenue, Suite 465
Hollywood, FL 33021

Tel: (954) 986-9008 - Fax: (954) 986-6646

Syed J. Hashmi, M.D.

Julio C. Vijil, M.D.

Board Certified, American Board of Internal Medicine
Board Certified, American Board of Nephrology

Joanna M. Rodriguez, M.D.

Neil J. Weiner, D.O.

Nancy M. Tran M.D.

Memorial Hospital West Medical Office Centre
603 N. Flamingo Road, Suite 265
Pembroke Pines, FL 33028

Tel: (954) 437-2101 - Fax: (954) 437-9773

Patient Registration

Patient name _____ Male Female

SS# _____ Date of Birth _____ Married Single Other__

Address _____ Zip _____

Home Phone _____ Cell Phone _____

Patient e-mail address _____

Race: Asian African American Pacific Islander White Other Decline

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Primary Care Physician Name _____ Phone _____

Pharmacy _____ *Phone _____

Our office offers electronic prescribing, if available do you authorize E-prescribing? Yes No

Do you authorize the physician to view your Rx E-prescribing history? Yes No

Signature: _____ Date: _____

Emergency contact _____ Phone number _____

Relationship _____

How did you learn about South Fl. Nephrology Consultants: Friend/Family Internet Insurance

Doctor Referral _____

How will you be paying for today's bill? Self pay Insurance Worker's compensation claim

I will be paying the full bill/ co-pay today using: Cash Debit card Credit card Check

Insurance Information: Primary Policy Holder _____

Member ID _____ SS# _____ DOB _____

Relationship to subscriber: Self Spouse Child Other _____

Do you have insurance with more than one Health Plan? Yes No

[Http://www.southfloridanephrology.com](http://www.southfloridanephrology.com)



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Financial Policy

Insurance: Insurance is a contract between you and your insurance. We are NOT a party to this contract, in most cases. We will bill primary and secondary contracted insurance companies only. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility.

Payment option if you have **NO** insurance or insurance company we **DO NOT** accept: You choose to pay by Cash, Credit, Debit card or Check the day services are rendered.

I hereby authorize direct payment of medical benefits to South Florida Nephrology Consultants for activities rendered by the physician. I understand that I am financially responsible for any balance not covered by insurance. I certify that I am responsible for health insurance co-pay and co-insurance. I certify that all information is correct and authorize South Florida Nephrology Consultants to release any information for either medical care or in processing application for financial benefits. By executing this agreement you are agreeing to pay for all services that are rendered.

Patients name (please print) _____

Responsible party (If not patient): _____

Signature _____ Date _____

Notice of Privacy Practices: I have been presented with a copy of the Notice of Privacy Practices detailing how my health information may be used and disclosed as permitted under the federal and state law and outlining my rights regarding my health information.

Patient's name (please print) _____

Signature _____ Date _____

Medical record release:

I, _____, hereby authorize release of my medical record information to my primary care Physician or any other Physician upon request. I understand that this authorization may be revoked at any time.

Signature _____ Date _____