

# Patient NEW Information Form

Liliana Cohen, M.D  
Kristin Stiles Green, N.M.D  
Paul Dudley, M.D.  
227 W. Janss Rd. #135  
Thousand Oaks, Ca 91360  
Tel (805) 373-2890  
Fax (805) 364-5464  
[Neuronoffice@gmail.com](mailto:Neuronoffice@gmail.com)

Name (first) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital status \_\_\_\_\_ Social security # \_\_\_\_\_  
Address (street) \_\_\_\_\_  
(City, state, zip) \_\_\_\_\_ e-mail \_\_\_\_\_  
Phone # \_\_\_\_\_ cell # \_\_\_\_\_ Driver lic. Or ID# \_\_\_\_\_  
Employer name and address \_\_\_\_\_  
Work phone # \_\_\_\_\_ If student, school name \_\_\_\_\_  
If student, part time or full time \_\_\_\_\_ Referring physician \_\_\_\_\_

## RESPONSIBLE PARTY, SIGNIFICANT "OTHER" OR SPOUSE INFORMATION

Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_  
Address (street) \_\_\_\_\_  
(City, state & zip) \_\_\_\_\_  
Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver Lic./ ID# \_\_\_\_\_  
Work # \_\_\_\_\_ Employer name/address \_\_\_\_\_  
Friend or relative not living with you \_\_\_\_\_ Phone# \_\_\_\_\_

## INSURANCE INFORMATION

Medicare # \_\_\_\_\_ Insurance Co: \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Relationship to patient (if not "self") \_\_\_\_\_

## Pharmacy Information

Preferred Pharmacy Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

I hereby assign, transfer and set over to Neuron Medical Corp. all of 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 or not they are covered by insurance. A \$50.00 cancellation fee will be charged to any and all patients who do not cancel their appointment within 24 hours prior to their scheduled appointments.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_