

CONTEMPORARY
NEUROLOGY
GENA L. ROMANOW MD PC

5500 Knoll North
Suite 240
Columbia, MD 21045

t: 410.772.8020
f: 410.772.8021
ContemporaryNeurology.com

Patient's Name: _____

Date of Birth: _____ Sex: _____ Marital Status: _____

Race: _____ Ethnicity: _____ Preferred Language: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home or Cell Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Emergency Contact: _____ Emergency Contact Number: _____

Insurance Information

Primary Insurance: _____ Member ID: _____ Group Number: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Secondary Insurance: _____ Member ID: _____ Group Number: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Primary Care Physician: _____ Phone Number: _____

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance or any non-covered benefits, including injections or other laboratory tests necessary to diagnose or treat my condition. I also authorize Contemporary Neurology or insurance company to release any information required to process my claims.

Signature of Patient or Legal Guardian

Date