

Michael S. Baugh, M.D.
Kannan Narayana, M.D., M.B.B.S.

GAINESVILLE NEUROLOGY GROUP, LLC
Patient Information

Kristina James, FNP-C

First Name Middle Initial Last Name Social Security No. Date of Birth

Emergency Contact Relation to Patient Phone Number Pharmacy Name Pharmacy Number

E-MAIL ADDRESS

Home

Mailing Address: _____
Street Address: _____
City _____ State _____ Zip _____
Home Phone: _____ Cell Phone _____
Ok to Leave msg? ____ Home ____ Cell ____ Both

Guarantor

Name: _____ Relation: _____
Address: _____
City _____ State _____ Zip _____
Home Phone: _____ Cell phone: _____
DOB: _____ SSN: _____

Primary Care Physician

Name _____
Address _____
Office Phone _____ Fax _____

Referring Physician

Name _____
Address _____
Office Phone _____ Fax _____

Employer

Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Ok to leave msg? ____ Yes ____ No

Primary Insurance

Insurance Co. Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Subscriber ID Number _____
Subscriber Group No _____ Co-Pay _____ Deductible _____
Subscriber Name _____
Subscriber DOB _____ Subscriber SSN _____ Subscriber Rel. To Patient _____

Secondary Insurance

Insurance Co. Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Subscriber ID Number _____
Subscriber Group No _____ Co-Pay _____ Deductible _____
Subscriber Name _____
Subscriber DOB _____ Subscriber SSN _____ Subscriber Rel. To Patient _____

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11 Alive.com WDUN (AccessNorthGa.com) Other
Search Engine (i.e. Google, Bing, Yahoo, etc...) Referring Physician

Patient/Legal Guardian _____ Date _____