

Andrew S. Baik, M.D.

Devjit S. Nayar, M.D.

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PATIENT INFORMATION (본인) PLEASE FILL OUT ENTIRE FORM TODAY'S DATE: / /

Name (성명):	Social Security # : - -	Date of Birth (생일): / /	Sex <input type="checkbox"/> Male (남) (성별) <input type="checkbox"/> Female (여)
Street Address (주소):	City:	State:	Zip Code:
Home Phone (집 전화): () -	Cell Phone (핸드폰): () -	Work Phone (직장 전화): () -	
Please indicate Preferred Phone Number: Home () Cell () Work ()			
Current Medications (현재 드시는 약):	Allergy to Medications (약에 의한 알러지):		
Race (인종):	Ethnicity (민족):		
Email Address:			

POLICY HOLDER (보험주) & INSURANCE (의료보험)

Policy Holder is (보험주와의 관계) <input type="checkbox"/> Self (본인) / <input type="checkbox"/> Spouse (배우자) / <input type="checkbox"/> Parent (부모) / <input type="checkbox"/> Other (기타):			
Name (성명):	Social Security # - -	Birth Date (생일): / /	Sex <input type="checkbox"/> Male (남) (성별) <input type="checkbox"/> Female (여)
Primary Insurance (의료 보험 1):			Co-Pay: \$
Secondary Insurance (의료 보험 2):			Co-Pay: \$

PHYSICIAN & PHARMACY INFO (담당 의사 선생님 & 약국)

Primary Physician Name (주치의 선생님):	Tel :
Referring Physician Name (진료 의뢰한 선생님):	Tel :
Pharmacy Name (약국):	Tel :

EMERGENCY CONTACT INFORMATION (응급시 연락처)

Contact Name (성명):	Relationship (관계):
Primary Phone Number: () -	Secondary Phone Number: () -

Financial Policy

I understand that I am financially responsible for all charges for services rendered, including the balance remaining after payment of possible insurance benefits. I authorize payment of medical benefits to myself and the names provided for professional services rendered. I authorize the release of any medial information necessary to process this claim and should my account be submitted to a collection agency my treatment record may become a matter of public record. I am also fully responsible for all charges including co-payments, annual deductible, and co-insurance. All balances overdue of sixty days will be sent to collection without notice.

Dr. Andrew S. Baik has financial interest at Fort Lee Surgery Center (1608 Lemoine Avenue, Fort Lee, NJ 07024), Oak Tree Surgery Center (1931 Oak Tree Road, Edison, NJ 0882), and Middlesex Surgery Center (1921 Oak Tree Road, Edison, NJ 08820).

Dr. Devjit S. Nayar has financial interest at Florham Park Surgery Center (83 Hanover Road, Suite 100, Florham Park, NJ 07932)

By signing below, I indicate that I have read, understand, and accept the statements and policies as outlined above.

Signature: X _____ **Date:** _____

We appreciate your cooperation.. Our office runs more efficiently with your help and therefore enables us to give our patients optimal treatment.