NORTHEAST
ENDOCRINOLOGY
ASSOCIATES P.A.

Laura S.Akright, MD • Arthur Guerrero, MD • Jeremy Schmidt, FNP
5000 Schertz Parkway #200 • Schertz, Texas 78154
210.650.3360 (office) • 210.650-3403 (fax)
www.neendocrinology.com

Patient Information Form

Patient Name: ______________________________ Today's Date: ____ / ____ / ____

Social Security Number: ______ / ____ / ________ Date of Birth: ____ / ____ / ____ Age: ________

Address: ______________________________

City: ______________________ State: ________ Zip: ____________

Home Phone: (______) ______ – ________ Cell Phone: (_____) _____ – ________

Work Phone: (_____) _____ – ________ Employer: ______________________

Email Address: ______________________________

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced Gender: ☐ Male ☐ Female

Spouse's Name: ______________________ Date of Birth: ____ / ____ / _____

Social Security Number: ______ / ____ / ________ Home Phone: (_____) _____ – ________

Person to Contact in an emergency other than spouse

Name: ____________________ Phone: (_____) _____ – ________ Relationship: __________

Medical Insurance Information – Please Submit Card

Insured: ☐ Self ☐ Spouse ☐ Other (specify relationship): ______________________

Policyholder's Name: ______________________ Date of Birth: ____ / ____ / _____

To the best of my knowledge the above information is correct, and I have hereby authorized Dr. Laura S. Akright to release medical information to my insurance company.

Signature (Patient/Guardian): ______________________ Today's Date: ____ / ____ / ____

ASSIGNMENT OF BENEFITS: I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, Private Insurance, and any other health plan to Dr. Laura S. Akright. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure payment.

Signature (Patient/Guardian): ______________________ Today's Date: ____ / ____ / ____