



# Iowa Kidney Physicians

## PATIENT REGISTRATION

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
(Please Print) *Last* *First* *Middle*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_

Sex: F \_\_\_\_ M \_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Box or Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ **PLEASE CIRCLE PRIMARY PHONE**

Email: \_\_\_\_\_ @ \_\_\_\_\_

When available would you like to be contacted for your upcoming appointments or other communication by:

Phone: \_\_\_\_\_ Web message: \_\_\_\_\_ Postal Mail: \_\_\_\_\_

**Race:** May choose more than one.

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White/Caucasian ☐ Refuse to Report

**Ethnicity:** May choose more than one.

- ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Refuse to Report

**Preferred Language:** ☐ English ☐ Spanish ☐ Bosnian ☐ Vietnamese ☐ Laotian

Other: (please indicate) \_\_\_\_\_

Emergency Contact (not in your household) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Person(s) we can speak to regarding your healthcare and billing:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Person Responsible**

**For Account:** \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Could Be "Same as Above"

Relationship To Patient \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INSURANCE INFORMATION

**Cardholder's  
Employer** \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Primary*  
Insurance Co. \_\_\_\_\_ Group/Plan# \_\_\_\_\_ ID# \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Secondary*  
Insurance Co. \_\_\_\_\_ Group/Plan# \_\_\_\_\_ ID# \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

**IF YOU HAVE A THIRD COVERAGE NOTIFY THE RECEPTIONIST!**

Referring Physician \_\_\_\_\_ Primary Physician \_\_\_\_\_

### **AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE:**

I HEREBY AUTHORIZE EXAMINATION AND TREATMENT DEEMED NECESSARY BY MY PHYSICIAN. I, THE UNDERSIGNED, AUTHORIZE AND ASSIGN PAYMENT OF MEDICAL BENEFITS TO WHICH I AM ENTITLED, TO MY PHYSICIANS FOR ANY SERVICES FURNISHED TO ME. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY MY CONTRACT. I ALSO AUTHORIZE YOU TO RELEASE TO MY INSURANCE COMPANY INFORMATION CONCERNING HEALTH CARE, ADVICE, TREATMENT, OR SUPPLIES PROVIDED TO ME. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO THE CENTER FOR MEDICARE AND MEDICAID SERVICES AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR BENEFITS PAYABLE FOR RELATED SERVICES.

**Patient/Responsible Party Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Iowa Kidney Physicians, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-515-241-5710.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-515-241-5710。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-515-241-5710.

## Out Reach Clinics

---

### Cass County Memorial Hospital

1501 E. 10th St., Atlantic, IA 50022

### Clarke County Hospital

800 S. Filmore St., Osceola, IA 50213

### Greater Regional Medical Center

1700 W. Townline St., Creston, IA 50801

### Skiff Medical Center

204 N. 4 th Ave E., Newton, IA 50208

### Pella Regional Health Center

404 Jefferson St., Pella, IA 50219

### Dallas County Hospital

610 Tenth St., Perry, IA 50220

### Mahaska Health Partnership

1229 C. Avenue East, Oskaloosa, IA 52577

### Wayne County Hospital

417 S. East St., Corydon, IA 50060

### St. Anthony Regional Hospital

311 S. Clark St., Carroll, IA 51401

## Hospital Affiliations

---

### Mercy Medical Center

1111 6th Avenue, Des Moines, IA 50314

### Iowa Lutheran Hospital

700 East University Ave, Des Moines, IA 50316

### Select Specialty Hospital

1111 6th Avenue, 4th Floor Main, Des Moines, IA 50314

### Iowa Methodist Medical Center/Blank Children's Hospital

1200 Pleasant Street, Des Moines, IA 50309

### Mercy Medical Center West Lakes

1755 59th Pl, West Des Moines, IA 50266

### Methodist West Hospital

1660 60th Street, West Des Moines, IA 50266

### Broadlawns Medical Center

1801 Hickman Road, Des Moines, IA 50314

### VA Central Iowa Health Systems

3600 30th Street, Des Moines, IA 50310

## Dialysis Centers

---

### DaVita Creston

1700 Townline St., Creston, IA 50801

### Fresenius South

6651 SW 9th St., Des Moines, IA 50315

### St. Anthony Regional Hospital

311 S. Clark Street, Carroll, IA 51401

### DaVita Central

1215 Pleasant St., Ste. 106, Des Moines, IA 50309

### DaVita Riverpoint

501 SW 7th St. Ste. B, Des Moines, IA 50309

### DaVita Perry

610 Tenth St., Ste. L100, Perry, IA 50220

### DaVita Newton

204 N. 4th Ave. E, Ste. 134, Newton, IA 50208

### DaVita Marshalltown

3120 S. 2nd St., Marshalltown, IA 50158

### DaVita Atlantic

1500 E. 10th St., Atlantic, IA 50022

### DaVita Pella

404 Jefferson St., Pella, IA 50219

### DaVita Ankeny

2625 N. Ankeny Blvd., Ankeny, IA 50023

### Fresenius Centerville

1040 N 18th St., Centerville, IA 52544

### Wayne County Hospital

417 S. East St., Corydon, IA 50060

### DaVita East

1301 Penn Ave., Des Moines, IA 50316

### DaVita West

6800 Lake Dr., Ste. 185, West Des Moines, IA 50266

### Fresenius Main

95 University Ave., Des Moines, IA 50314