



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