

PLEASE NOTE: INSURANCE POLICIES DO NOT USUALLY COVER ANY SERVICES THAT ARE RELATED TO LEARNING DEVELOPMENTAL PROBLEMS OR EDUCATIONAL ISSUES, TESTING MAY INCLUDE THESE PROCEDURES – YOU ARE RESPONSIBLE FOR THESE CHARGES.

NJ MEMORY CENTER, LLC

PATIENT INTAKE INFORMATION:

NAME OF PATIENT: _____

COMPLETE ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOME TELEPHONE: () _____ WORK: () _____

CELL: () _____ EMAIL: _____

WHO REFERRED YOU: _____

IS THIS EVALUATION THE RESULT OF AN AUTO OR WORK-RELATED ACCIDENT (Circle One): Yes No

NAME OF PRIMARY INSURANCE: _____

GROUP ID# : _____

ID# _____

NAME AND BIRTH DATE OF SUBSCRIBER: _____

RELATION TO THE INSURED (CIRCLE ONE): SELF SPOUSE CHILD OTHER

FOR MEDICARE PATIENTS ONLY: MEDIGAP INSURANCES

NAME OF MEDIGAP INSURANCE: _____

GROUP ID# : _____

MEMBER ID# _____

NAME AND BIRTH DATE OF SUBSCRIBER: _____

RELATION TO THE INSURED (CIRCLE ONE): SELF SPOUSE CHILD OTHER

NJ Memory Center is mandated by The Affordable Care Act to collect the following information which will be used by HHS to collect demographic data on healthcare delivery.

Ethnic Group (Circle One): Hispanic or Latino Non-Hispanic or Non-Latino Decline

Race (Circle One): American Indian or AK Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Decline