



DIGESTIVE _____
DISEASE _____
CONSULTANTS _____

Ranga S. Nathan, M.D., F.A.C.G.
Practice Limited to Gastroenterology and
Liver Diseases
Clinical Assistant Professor
Baylor College of Medicine

PATIENT INFORMATION

Name: _____ Age: _____ Sex: _____ Referred By: _____

Address: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip: _____ SS#: _____

Home#: _____ Cell #: _____ Work#: _____

Occupation: _____ Employer: _____

Email: _____ Marital Status: S M W D

Name of Insured and Relationship to Patient: _____

Spouse's Name: _____ Spouse's # (Work or Cell): _____

Spouse's Employer: _____ Occupation: _____

In case of emergency notify: _____ Relationship: _____

Best number to reach at: _____

INSURANCE

Patient's Insurance Co. (Primary): _____

Spouse's Insurance Co. (Secondary): _____

All Insurance co-payment and deductible, if applicable, are due at time of service. We do accept check, cash, credit and debit cards.

CONSENT FOR RELEASE OF MEDICAL RECORD INFORMATION PROTECTED BY LAW

By signing this form, I authorize the release of any and all information contained in my medical records which may be necessary to process medical claims and payment of medical services. I authorize payment of benefits directly to Ranga S. Nathan, M.D. I also certify that I have fully disclosed information regarding insurance coverage and all insurance carriers have been listed on this form. I understand this consent is valid indefinitely and for all insurers and other parties responsible for payment of medical services (unless withdrawn by written notice).

FINANCIAL DISCLOSURE

Dr. Nathan indirectly owns an ownership interest in Humble Kingwood Endoscopy Center- HKEC, Gessner Anesthesia Associates, PLLC and LoneStar Histology. Their services are utilized at above center where Dr. Nathan may refer you for endoscopy services. If you wish to receive endoscopy services at Memorial Hermann Northeast Hospital or Kingwood Medical Center, please let us know. I welcome your comments regarding the quality of care provided to you at Humble Kingwood Endoscopy Center (HKEC). For network benefits please contact your insurance company and we also encourage you to contact Gessner Anesthesia at 281-973-2023 and LoneStar Histology at 214-420-8200 for any questions or concerns.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____