

David M. Lefler, Jr., DO, FACP, FASN

American Board of Internal Medicine- certified Internal Medicine & Nephrology

PATIENT REGISTRATION FORM

Name (First, Middle Initial, Last): _____

Date of Birth (MM/DD/YYYY): _____ Gender (M/F): _____ SSN: _____

Mailing Address: _____

Street

City

State

Zip

Email address: _____ (sensitive medical information is not emailed)

Phone number (s): _____ (May we leave medical message? Y / N)

Home

_____ (May we leave medical message/TEXT? Y / N)

Cell

_____ (May we leave medical message? Y / N)

Work

Marital Status (circle): Unmarried Married Separated Divorced Widowed

Primary Language: _____ Translator required? Yes / No

Preferred Pharmacy: _____ Preferred Lab: _____

Primary Physician: _____ Referring Physician: _____

Emergency Contact: _____

Name

Relationship

Phone

Others we may share your information with: _____

(HIPAA Auth form required)

Name

Relationship

Phone

Name

Relationship

Phone

Office Location:
3300 Providence Drive, Suite B201—B Tower
Anchorage, AK 99508

Phone : (907)770-0412
Fax: (844) 772-0725

Website: www.nhakidney.com

Nephrology & Hypertension Associates of Alaska, PC

David M. Lefler, Jr., DO, FACP, FASN

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Patient Employer Information

Status (circle):	Employed	Retired	Disabled	Student	Self Employed
Employer's Name:					
Employer's Address:					
Employer's Phone:					
Occupation:					

Patient Insurance Information

Primary Insurance Name	ID #	Group/Policy #		
Insured/Policyholder Information (if different from patient)	Name	Relationship to Patient		
Employer	Date of Birth (MM/DD/YYYY)	Phone #	SSN	

Secondary Insurance Name	ID #	Group/Policy #		
Insured/Policyholder Information (if different from patient)	Name	Relationship to Patient		
Employer	Date of Birth (MM/DD/YYYY)	Phone #	SSN	

Certification of Accuracy

The above information is true to the best of my knowledge. I authorize Nephrology & Hypertension Associates of Alaska, PC to release any information (only as required) to process my insurance claims.

Patient or Guardian Signature

Printed Name

Date

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