

Account # _____

**Asheville Neurology Specialists, PA
Demographic Questionnaire**

First Name: _____ MI: _____ Last Name: _____

Date of Birth: ___/___/___ Social Security #: _____ - _____ - _____ Sex: Male Female

Mailing Address: _____ City: _____ State: _____ Zip: _____

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

Email Address: _____ Marital Status: _____ Student: _____

Employment Status: _____ Employer: _____

Employer Address: _____

Emergency Contact: _____ Emergency Contact Telephone #: _____

Referring Doctor: _____ Primary Care Physician: _____

Primary Insurance: _____ Subscriber's Name: _____

Policy Number: _____ Group Number: _____

Subscriber's Employer: _____ Employer Address: _____

Subscriber's DOB: _____ Subscriber's Social Security #: _____

Secondary Insurance: _____ Subscriber's Name: _____

Policy Number: _____ Group Number: _____

Subscriber's Employer: _____ Employer Address: _____

Subscriber's DOB: _____ Subscriber's Social Security #: _____

Our office policy is to collect payment at time of service. If we participate with your insurance company and you have a co-pay, the co-pay will be collected upon arrival. If we do not participate with your insurance company, we will generate a claim form for you; however, payment is expected at time of service.

Should your account become delinquent, please be advised that once payment attempts are exhausted internally, the account may be assigned to an outside collection agency. There is a \$25.00 processing fee assessed to your account if it is turned over to an outside collection agency. If your account is assigned to the outside collection agency, you will be terminated from our practice due to non-compliance with our financial expectations.