

This form must be completed in its entirety prior to seeing the doctor.

N. Berkeley Powell, M.D.
4200 Westheimer, Ste. 288
Houston, TX 77027
(713) 960-9422

NEW	Rev 2012
UPDATE	
TODAY'S DATE	

Patient Name- Last		First		Middle		Age	Birth date	
Patient Street Address			City & State		Zip	Area Code ()	Home Phone Number	
By What Name Would You Like Dr. Powell to Address You?			Marital Status	Social Security Number		Driver's License No.		State
Area Code ()	Cellular Phone Number		Area Code ()	Fax Number		E-MAIL Address		

Patient Occupation			Patient's Employer (If Student, Please Put School Name & Your Mailing Address)					
Employer's Street Address			City & State		Zip	Area Code ()	Pt's Work / School Telephone	

Name of Spouse	Spouse's Occupation		Spouse's Employer		Area Code ()	Spouse's Work Telephone	
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Next of Kin (Other than Spouse)			Relationship		Area Code ()	Next of Kin's Work Telephone		
Next of Kin's Street Address			City & State		Zip	Area Code ()	Next of Kin's Home Telephone	

Guarantor's Name Last (Person Responsible for Bill)		First		Middle		Relationship		Driver's License		State
Guarantor's (Person Responsible for Bill) Street Address			City & State		Zip	Area Code ()	Guarantor's Home Telephone			
Guarantor's Occupation					Guarantor's Employer					
Guarantor's Employer's Street Address			City & State		Zip	Area Code ()	Guarantor's Work Telephone			

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address:

Texas Medical Board, Attn: Investigations, 333 Guadalupe, Tower 3, Ste. 610, PO Box 2018, MC-263, Austin, TX 78768-2018.

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353.

AVISO SOBRE QUEJAS

Se pueden presentar quejas acerca de médicos, así también como de otras personas autorizadas y registradas por la Junta de Examinadores Médicos del Estado de Texas (Texas State Board of Medical Examiners), incluyendo a ayudantes médicos y acupunturistas, para su investigación, en la siguiente dirección:

Texas Medical Board, Attn: Investigations, 333 Guadalupe, Tower 3, Ste. 610, PO Box 2018, MC-263, Austin, TX 78768-2018.

Se puede obtener ayuda para presentar una queja llamando al siguiente número telefónico: 1-800-201-9353.

Insurance Company (Non-Cosmetic Patients Only)	Member Name	Type of Insurance	Check One:
		<input type="checkbox"/> Group	<input type="checkbox"/> Personal

OFFICE POLICY REGARDING PATIENT ACCOUNTS. PLEASE READ & SIGN

- I hereby agree to pay my account as services are provided. If for any reason there is a balance owing on my account, I agree to pay promptly upon receipt of the statement.
- I also acknowledge and understand that I am responsible for all of the charges for all of the services rendered to me or any member of my family.
- Although I may have requested Dr. Powell to bill my insurance on my behalf, I clearly understand that the responsibility is still mine to ensure that my bill is paid in a reasonable time. If for any reason my insurance does not pay for any portion of my bill, I further agree to make arrangements for prompt payment of the amount I owe.

Signature _____ Date _____