

Northwest Arkansas EMG Clinic  
Miles M. Johnson, M.D.

**PATIENT INFORMATION (please print)**

Patient \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Work Phone \_\_\_\_\_ Your Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Sex \_\_\_\_ Marital Status \_\_\_\_\_

Email Address \_\_\_\_\_

Responsible  
Party/Insured: \_\_\_\_\_ Employer \_\_\_\_\_

Must have SS# and DOB of Insured

Insured Social Security # \_\_\_\_\_ Insured Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information**

Primary Insurance Company \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name of Insured \_\_\_\_\_

Insured ID # \_\_\_\_\_ Group# \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name of Insured \_\_\_\_\_

Insured ID# \_\_\_\_\_ Groups# \_\_\_\_\_

Accident: Work \_\_\_\_ Auto \_\_\_\_ Personal Injury \_\_\_\_ Date of Injury \_\_\_\_\_

Attorney on Injury case/phone number: \_\_\_\_\_

**Authorization and Assignment**

I request that payment of authorized Medicare, Medicaid, Commercial Carrier, Workman's Compensation, or VA benefits on my behalf be made to Northwest Arkansas EMG Clinic for any services provided to me by Dr. Johnson. I authorize Dr. Johnson to release to the Health Care Administration and its agents any information needed to determine benefits payable for related services. I understand that I am responsible for any deductible, co-pay, or services not covered by my insurance carrier. I authorize the physician to release any information required by my insurance company and/ or another physician. I acknowledge the offer of Notice of Privacy Practices. I give permission to release my medical records to myself at my request .I authorize treatment provided by Dr. Miles M. Johnson.

\_\_\_\_\_  
Patient Signature or Legal Guardian (if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if applicable)

\_\_\_\_\_  
Date