



## Medication Profile



### > KNOW YOUR MEDICATIONS <

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICINE, HERBAL, VITAMIN, OR REMEDY	DOSAGE (mg) and how often	For what medical problem

PHARMACY NAME AND PHONE #:  
\_\_\_\_\_



**Rajiv Bansal M.D.**  
**Avigayil Neuburger, PA-C**  
**Ayelet Mottahedeh, PA-C**

## PATIENT REGISTRATION

Date: \_\_\_\_\_  
Name \_\_\_\_\_ SS# \_\_\_\_\_  
Street Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex M F  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Spouse's Phone # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Tel# \_\_\_\_\_ Relationship \_\_\_\_\_

### REFERRING DOCTOR

Referring Doctor \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PATIENT EMPLOYER INFORMATION

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Ext \_\_\_\_\_

### INSURANCE

Primary Insurance Company \_\_\_\_\_  
ID# \_\_\_\_\_ Group # \_\_\_\_\_ Tel # \_\_\_\_\_  
Secondary Insurance Company \_\_\_\_\_  
ID# \_\_\_\_\_ Group # \_\_\_\_\_ Tel# \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFIT

- ❖ I authorize the release of any medical information necessary to process this claim. I permit a copy of this authorization to be used in place of the original.
- ❖ I hereby authorize LIGHTe Associates to apply for benefits on my behalf for covered services rendered by him or his order.
- ❖ I am responsible for obtaining all appropriate referrals in accordance with my insurance plan.
- ❖ I certify that the information I have reported with regard to my insurance coverage is correct. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my insurance company at any time in writing.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

2001 Marcus Ave., Ste E130  
Lake Success, NY 11042  
Tel: 516-437-6900  
Fax: 516-437-6904

175 Jericho Tpke., Ste 106  
Syosset, N.Y. 11791  
Tel: 516-496-1060  
Fax: 516-496-1062