WESTCHESTER NEUROLOGICAL CONSULTANT, PC

970 N Broadway Suite 107 • Yonkers NY 10701

20 Cedar Street Suite 107 • New Rochelle NY 10801 • Phone: (914) 966-0505 • Fax: (914) 966-0515

NEW YORK STATE NO-FAULT PATIENT INTAKE PACKET

SECTION 1 — PATIENT DEMOGRAPHIC INFORMATION

Patient Name: Date of Birth:

Address:

City/State/Zip:

Cell Phone: Home Phone:

Email Address:

SECTION 2 — MOTOR VEHICLE ACCIDENT INFORMATION

Date of Accident:

Location of Accident (City/State):

Were you: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Cyclist ☐ Other:

Vehicle Owner Name:

Vehicle Owner Address:

Police Report Filed: ☐ Yes ☐ No Police Precinct/Report #:

SECTION 3 — NO-FAULT INSURANCE INFORMATION

No-Fault Insurance Carrier:

Claim Number: Policy Number:

Adjuster Name: Adjuster Phone:

Adjuster Email:

NF-2 Application Filed: ☐ Yes ☐ No ☐ Unknown

SECTION 4 — ATTORNEY INFORMATION

Attorney Name: Law Firm:

Phone Number: Email Address:

➜ **ALL PAGES MUST BE COMPLETED**

SECTION 5 — PRIOR MEDICAL & TESTING HISTORY

Have you received treatment for this accident elsewhere? ☐ Yes ☐ No

Have neurological tests already been performed? ☐ Yes ☐ No

☐ MRI Brain ☐ MRI Spine ☐ EMG/NCS ☐ EEG ☐ VNG ☐ Neuropsychological

☐ Testing Other:

Facility Name & Phone Number:

Date(s) Performed:

SECTION 6 — IMPORTANT OFFICE POLICY

✔ Patients must provide complete No-Fault claim information prior to the visit. ✔

Failure to provide claim or adjuster information may result in appointment cancellation.

✔ This office provides neurological evaluation and treatment. Patients referred solely for disability certification after outside testing may not be scheduled. ✔ Timely submission of No-Fault forms (NF-2, NF-3) is required under NYS regulations.

SECTION 7 — PATIENT ACKNOWLEDGMENT

I certify that the above information is accurate and complete. I understand that incomplete No-Fault information may delay treatment or result in rescheduling.

Patient Signature: Date:

SECTION 8 — HIPAA ACKNOWLEDGMENT

I acknowledge receipt of the Notice of Privacy Practices.

Patient Signature: Date:

SECTION 9 — ASSIGNMENT OF NO-FAULT BENEFITS

I authorize payment of New York State No-Fault insurance benefits directly to Westchester Neurological Consultant, PC for medical services rendered related to this motor vehicle accident.

Patient Signature: Date:

SECTION 10 — MISSED APPOINTMENT POLICY

Patients must provide 24-hour notice for cancellations. Repeated no-shows may result in discharge from the practice.

Patient Signature: Date: