



ALTEER IS HERE!

Dear Patient,

Our new, **paperless electronic** office is installed! This is **GREAT NEWS!** This means a faster and more efficient service for you!

In connection with the deployment of our paperless office system, we want to update our records so that our information is current. Therefore, kindly provide us with the following demographic information:

PLEASE PRINT!

NAME: (LAST) _____ (FIRST, MI) _____

MAILING ADDRESS: _____

ADDRESS THAT YOUR INSURANCE COMPANY HAS ON FILE [*If different from above*]:

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: (MMDDYYYY) _____

TELEPHONE # [W/Area Code]

HOME: _____ CELL: _____ WORK: _____

INSURANCE(S):

PRIMARY: _____

SECONDARY: _____

THIRD: _____

IF DIFFERENT FROM YOURSELF, PLEASE PROVIDE THE **PRIMARY INSURED,**

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SPECIALIZED PAIN MANAGEMENT

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NORTHWEST

SUMMERLIN

GREEN VALLEY

EAST

SOUTHWEST