

Consulting Cardiologists, PC
PATIENT REGISTRATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ LANGUAGE: ENGLISH _____ SPANISH _____ REFUSED _____

RACE: WHITE _____ BLACK, AFRICAN AMERICAN _____ NATIVE HAWAIIAN _____

ASIAN _____ AMERICAN INDIAN/ALASKA NATIVE _____ REFUSED _____

ETHNICITY: HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____ REFUSED _____

E-MAIL ADDRESS: _____ SEX: M _____ F _____

MARITAL STATUS: SINGLE _____ MARRIED _____ WIDOW/WIDOWER _____ DIVORCED _____

TELEPHONE: HOME # _____ WORK # _____ CELL# _____

STREET ADDRESS: _____ SS# _____ / _____ / _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS; (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER NAME: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ RETIREMENT DATE: _____

WHO REFERRED YOU TO OUR PRACTICE? _____

WHO IS YOUR PRIMARY CARE PHYSICIAN? _____

SPOUSE'S NAME: _____

SPOUSE'S EMPLOYER: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

ARE YOU CURRENTLY IN ACTIVE MILITARY SERVICE? YES _____ NO _____

INSURANCE INFORMATION

PRIMARY INSURANCE: _____ TELEPHONE: _____

SUBSCRIBER NAME: _____ DATE OF BIRTH: _____

CONTRACT #: _____ GROUP # _____

SECONDARY INSURANCE: _____ TELEPHONE: _____

SUBSCRIBER NAME: _____ DATE OF BIRTH: _____

CONTRACT # _____ GROUP # _____

DOES EITHER INSURANCE REQUIRE A REFERRAL FROM A PRIMARY CARE PHYSICIAN? YES ___ NO ___

IS THIS A WORKERS' COMPENSATION CLAIM? YES ___ NO ___

1. All co-pays, deductibles, co-insurance, previous balances and fees for non-covered services are due at the time of your visit. You will be responsible for all collection and attorney fees associated with the collection of your account.
2. When requested, we will be happy to provide you with a statement of your account to file with a secondary or tertiary insurance carrier.
3. If you are a Medicare recipient, we will file your Medicare as required for participation in the Medicare program. If Medicare is primary, please notify Medicare of your supplemental insurance/medigap plan. Medicare will cross-over the co-insurance and deductible to many insurance companies. This does not guarantee your supplemental plan will pay for the co-insurance.
4. As our patient, we will provide the best possible care for you. Services we provide to you may or may not be covered by your insurance due to "routine", "non-covered", or "deemed medically unnecessary." In the event your insurance company does not cover your services, you will be responsible for payment of these services. **(This statement does not apply to Medicare patients.)**