Please complete and bring this form with you for your appointment.
Please present your insurance cards to our receptionist for photocopying when you arrive.

Name _____ Sex _____ Marital Status _____

Address _____

Home Phone_____ Cell Phone_____ Alt. Phone _____

Date of Birth _____ Social Security Number _____

Emergency Contact _____ Relationship _____

Emergency Contact Telephone _____

Family Doctor _____ Telephone _____

Referring Doctor _____ Telephone _____

Employer Name, Address & Telephone _____

_____

Spouse's Employer Name, Address & Telephone _____

_____

E-Mail Address _____

How did you hear about us? ☐ Referring Doctor ☐ Friend/Relative ☐Internet ☐Other

Insurance Authorization and Assignment

I hereby authorize The Heart Care Group, P.C. to release information acquired during the course of my examination and treatment to the Center for Medicare and Medicaid Services and its agents, or any other third-party carrier as necessary to secure payment of any benefits due me.

I hereby assign payment of said benefits to include Medicare benefits directly to The Heart Care Group, P.C. (including any funds or payments I may receive directly from insurance).

I understand that I am responsible for all charges regardless of insurance status as well as any associated costs for collection (up to 30% of balance) should such action become necessary, including all reasonable attorney fees. I agree that this authorization shall be valid until rescinded in writing or replaced by one of a later date. A photocopy of this assignment shall be considered as valid as the original.

I have read the above and fully understand the terms thereof.

Signature _____ [SEAL] Date _____

For all Managed Care Patients: It is your responsibility to obtain a referral from your PCP for your office visits. All co-pays & deductibles are due at time of your visit. **Returned checks will be charged a $35.00 fee. A $5.00 late fee will be charged if payment is not received by the due date. A fee of $50 will be assessed if the patient is a "no show".**