



PATIENT INFORMATION

Full Name
Home Address
Home Phone #
E-mail Address
Occupation
Place of Employment
Business Address
Business Phone #
Next of Kin
Relationship with Next of Kin
Next of Kin's Address
Next of Kin's Phone #
Primary Care Physician

Date
Date of Birth
Age Sex
S.S.#
Marital Status:
Who referred you to us?
To whom and where should we send test results?
How did you find out about our medical practice?

INSURANCE COVERAGE*

Name of Primary Insurance
Subscriber Name
Subscriber S.S. #
Policy #
Group #
Secondary Insurance
Subscriber Name
Subscriber S.S. #
Policy #
Group #

As a courtesy, our office completes and files insurance claims with your primary, secondary, and tertiary insurance companies.

- All co-payments, deductibles, and charges for services that are not covered by your insurance are due at the time of your office visit.
Some medical services are not covered by all insurance policies. Often, insurance companies arbitrarily select services they will not cover.
There is a \$25.00 service charge on each returned check.
In the event that your account is handled by a collection agency or attorney, you are responsible for the cost of collection in addition to the cost of your medical services.
It is your responsibility to know when a referral is needed for various services.

Your signature below is your acknowledgement of this information. It also serves as your authorization to Tidewater Heart Institute to release any necessary information to your insurance carrier(s) so that claims can be processed for services rendered.

Signature Date continued on second page...