
Patient Information Form for The Heart Team

Please Print and Complete All Information

Patient Information:

Last Name _____ MI _____ First Name _____

Birthdate _____ Social Security # _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Other Contact # (____) _____

Emergency Contact Information:

****THIS WILL BE THE PERSON WE WILL POTENTIALLY BE SHARING YOUR PRIVATE HEALTH INFORMATION WITH DURING THE TIME YOU ARE UNDER OUR CARE**

Last Name _____ MI _____ First Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone # (____) _____ Other Contact # (____) _____

Insurance Information:

****WE WILL REQUIRE COPIES OF ALL INSURANCE CARDS**

Primary Ins. _____

Name of policy holder _____

Social Security # if policy holder _____

Secondary Ins. _____

Name of policy holder _____

Social Security # of policy holder _____

I/We hereby agree to treatment by The Heart Team and guarantee payment of all charges incurred for the amount of the above named patient. I understand and agree that I am financially responsible for all charges whether or not they are covered by the insurance company. I/We authorize The Heart Team to convey to the insurance company or their representative any and all information it possesses relative to the services provided, including, but not limited to copies of any medical records as requested by the insurance company. I/We authorize and direct any insurance company or carrier representing the insurance company or the patient seeking to collect insurance, workmans compensation benefits or damages for personal injuries to deduct and pay direct to The Heart Team from the proceeds of any insurance compensation benefits or damages due to be paid and all sums certified by The Heart Team to be due by reason of services rendered to said patient.

*****I acknowledge that I have reviewed and received a copy of The Heart Team's Billing Policy and Notice of Privacy Practices. I understand That if I have any questions or complaints with regard to the Privacy Practices I may contact the Privacy Officer.

Signature _____

Date _____

Responsible Party _____

Date _____

