ADVANCED CARDIOVASCULAR CARE

Patient Information/Demographics

Patient Name _____

Address _____

City State/Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Date of Birth _____Age _____ Sex _____ Marital Status _____

Driver's License # _____ State _____ Social Security # _____

Occupation _____

Employer _____

Employer Address _____

Employer Telephone # _____ Fax# _____

Medical Insurance Information

Primary Insurance _____ Policy # _____ Tel # _____

Secondary Insurance _____ Policy # _____ Tel # _____

Primary Care Physician _____ Tel # _____

Emergency Contact

Name _____

Address _____

City State/Zip _____

Home Phone #_____ Cell Phone # _____

Next of Kin

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____

***** All Patients Please Sign and Date Below *****

Consent for Treatment; Authorization for Release of Information and Assignment of Insurance Benefit

I hereby consent to and authorize all treatment considered necessary and advisable by the physician or office staff including, but not limited to, medical treatment, examinations, diagnostic procedures, vaccinations, and immunizations during the course of patient care. I authorize payment directly to Advanced Cardiovascular Care and hereby agree that I am financially responsible for any services rendered. I authorize the release of any information needed to the healthcare financing administration and its agents to determine these benefits payable. I certify that information that I have provided above is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Acknowledgement of Receipt of Privacy Notice

I have been informed of the notice of privacy policies detailing how my information may be used and disclosed as permitted, additionally, this copy is available upon request.

Signature _____ **Date** _____

For Office Use Only

If the patient or patient's representative refused to sign the acknowledgement of receipt of notice, please document the time and date the notice was presented to them.

Presented on (date) _____ **at (time)** _____ **by (name & title)** _____