



P A T I E N T R E G I S T R A T I O N

Name _____ Social Security # _____
First Middle Last

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Height _____ Weight _____ Sex: M / F

Home Telephone _____ Work Telephone _____

In case of emergency, please notify _____ Telephone _____
other than household member

Address _____

Relationship _____

INSURANCE Primary Insurance Carrier _____
Name of Policyholder _____
Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____
Policy # _____ Group # _____
Secondary Insurance Carrier _____
Name of Policyholder _____
Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____
Policy # _____ Group # _____

Employer _____

Referred/Recommended By _____

Family Physician (copy of our records will be sent) _____

The undersigned agrees that it is the patient's (or his designee's) responsibility to obtain a precertification if this is a requirement of his/her insurance carrier, including the proper referrals if required. Furthermore, the undersigned agrees to be responsible for any financial penalties incurred as a result of not obtaining required certifications or referrals.

I understand that I am financially responsible for all charges incurred by me for services rendered by the Cardiovascular Center of Hampton Roads, whether or not these services are covered by insurance, including all costs incurred to collect delinquent charges, as well as attorney's fees of 33 1/3%.

I request that payment of authorized Medicare/Champus or other benefits be made either to me or on my behalf to the Cardiovascular Center of Hampton Roads for any services furnished by the Cardiovascular Center of Hampton Roads. I authorize any holder of medical information about me to be released to the Centers for Medicare and Medicaid Services, Champus or other, and its agents, any information needed to determine these benefits or the benefits payable for related services or any medical information necessary for my treatment.

Signature _____ Date _____