



Pediatric Cardiology Associates Patient Registration

Patient Information

Patient Name: _____ Home Phone #:(____) _____
Address: _____ **City:** _____ **Zip:** _____
Date of Birth: ____/____/____ **Sex:** Female Male **SS#:** _____

Guarantor/Responsible Party

Father's Name _____ **Cell Phone #:** (____) _____
Address: _____ **City:** _____ **Zip:** _____
Date of Birth: ____/____/____ **SS#:** _____ **e-mail:** _____
Employer: _____ **Wk Phone #:** (____) _____
Employer Address: _____ **City:** _____ **Zip:** _____
Mother's Name: _____ **Cell Phone #:** (____) _____
Address: _____ **City:** _____ **Zip:** _____
Date of Birth: ____/____/____ **SS#:** _____ **e-mail:** _____
Employer: _____ **Wk Phone#:** (____) _____
Employer Address: _____ **City:** _____ **Zip:** _____

Insurance Information

***Primary Insurance Company:** _____ **ID#:** _____ **Group #:** _____
Insurance Co Phone #: (____) _____ **Policy Holder:** _____ **Relationship to Patient:** Child Self Other
***Secondary Insurance:** _____ **ID#:** _____ **Group#:** _____
Insurance Co Phone #: (____) _____ **Policy Holder:** _____ **Relationship to Patient:** Child Self Other

Name of Referring MD/Pediatrician: _____ **Phone:** (____) _____
Address: _____

I hereby assign to this Practice, my physician or other healthcare professionals involved in my care, all rights and claims for reimbursement under any private health insurance policy, Medicare, Medicaid, or any other programs that I identify for which benefits may be available, to pay for all services provided to me. I agree to cooperate and provide information as needed to establish my eligibility for such benefits. I understand that I am responsible for all charges (hospital and/or physician) until the bills are paid in full and for the balance of charges not covered by insurance.

How well do you speak English? ____ Very Well ____ Well ____ Not Well ____ Not At All **Pref Lang** _____

Ethnicity: Hispanic or Not Hispanic **Race:** Asian Black White Other _____

SIGNATURE OF PATIENT/GUARDIAN

DATE

YOU MUST BE PREPARED TO PAY YOUR COPAY AND DEDUCTIBLE AT THE TIME OF YOUR APPOINTMENT