

Arkansas Cardiology Consultants

PATIENT INFORMATION

Patient Name: Last _____ First _____ Middle _____
Birth Date _____ SS # _____ Male _____ Female _____ Marital Status _____
Race _____ Ethnicity (circle one) Hispanic, Latino, non-Hispanic or Latino Preferred Language _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer _____ Occupation _____
Employer Address _____
Spouse Name _____ Birth Date _____ SS # _____
Spouse Employer _____ Work Phone _____
Responsible party (if patient is a minor child) _____ Relationship _____ Phone Number _____
Emergency Contact _____ Relationship _____ Phone Number _____
Referring Physician _____ Primary Care Physician _____

INSURANCE POLICY INFORMATION

Primary Insurance _____ Policy Holder/Insured Name _____
Policy ID Number _____ Group Number _____
Relationship of Patient to Policy Holder/ Insured _____
Secondary Insurance _____ Policy Holder/Insured Name _____
Policy ID Number _____ Group Number _____
Relationship of Patient to Policy Holder/Insured _____

I understand that I am responsible for charges not covered or reimbursed by the above agents. I agree, in the event of non-payment, to assume the costs, interest, collection and legal action (if required).

In the event my insurance carrier does not accept Assignment of Benefits, or if payments are made directly to me or my representative, I will endorse such payments to Cardiac and Vascular Center of Arkansas immediately.

I understand that Cardiac and Vascular Center of Arkansas shall not be responsible for loss or damage to any personal property.

I understand that co-pays and/or cost shares are due at the time of service. I also understand that if I am uninsured, payment in full is due at the time services are rendered.

I have read and understand this financial policy and agree to abide by the policy as stated above. A duplicate of this statement is considered the same as original.

Patient Signature _____ Date _____

Responsible Party Signature _____ Date _____