

Comprehensive Cardiology of Stamford and Greenwich Patient Registration Form

| Today's Date | | | | | |
|---|----------------|-------------------------|----------------|------------|--------------------------------|
| PATIENT INFORMATION | | | | | |
| Full Legal Name (First) (Middle) (Last) | | | | | Name Normally Used (Nickname) |
| Address (Number) | | (Street) | | (Apt. No.) | |
| City | | | State | Zip | Social Security No. |
| Date of Birth | | | Age | Sex | Marital Status |
| Name of Pharmacy You Use | | Primary Language Spoken | | Race | Ethnicity |
| Business Phone (Including Extension) | | | e-mail address | | Patient's Driver's License No. |
| State | | | | | |
| Other Physicians You See | | | | | |
| How Did You Hear About Us? | | | | | |
| SPOUSE'S INFORMATION | | | | | |
| Full Legal Name (First) (Middle) (Last) | | | | | Occupation |
| Address (If Different From Above) | | | City | State | Zip |
| Home Phone | | | | | |
| Employer Name | Street Address | | City | State | Zip |
| Business Phone (Ext) | | | | | |
| INSURANCE INFORMATION | | | | | |
| Primary Insurance Company Name | | | Group No. | | ID/Certificate No. |
| Subscriber Name | | | | | |
| Secondary Insurance Company Name | | | Group No. | | ID/Certificate No. |
| Subscriber Name | | | | | |
| Other Insurance Information | | | | | |
| EMERGENCY INFORMATION | | | | | |
| Person to Notify in Case of Emergency | | | | | Relationship |
| Address (Number) | | (Street) | | (Apt. No.) | |
| City | | | | State | Zip |
| Home Phone | | | | | |
| INFORMATION FOR THE PATIENT | | | | | |
| <p>1. Patients who carry standard health insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. All patients with standard health care insurance are expected to make payment as services are rendered, regardless of pending insurance, litigation, etc.</p> <p>2. Patients with contract health plans should present their insurance ID card to the receptionist after completing this form. Some contract health plans (HMOs, PPOs, IPAs, etc) require a copayment at the time of service. Most contract health plans require that the claim be submitted by our office.3. If you have any questions we will, of course, be happy to assist you.</p> | | | | | |