Advanced Heart and Vascular Medicine

Diagnostic and Interventional Cardiology
1631 11th St, Suite A, Wichita Falls, TX 76301
(Office) 940-263-3003 (Fax) 940-263-3009

PATIENT INFORMATION

DATE: _____ ACCT NUMBER: _____

Patient Name:_____
((First) (Middle) (Last)

Date of Birth: _____ Age: _____ Marital Status: Married/Single/Widowed/Divorced

Mailing Address:_____
((Street) (City) (Zip Code)

Phone Numbers: Home: _____ Cell: _____ Work: _____

Email: _____ MALE/FEMALE Social Security No: _____

Did another physician refer you here? Y/N Referring Physician: _____

Who is your family physician? _____

Language: English/Spanish/Other Race: _____ Ethnicity: Nonhispanic/Hispanic (Circle)

Employed: Yes/No/Retired Employer: _____

Pharmacy Name: _____ Phone No: _____

INSURANCE INFORMATION

Primary Insurance Name: _____ Effective Date:_____
Contract Number: _____ Group Number: _____
Insured's Name: _____ Insured's DOB: _____
Patient's relation to insured party: Self/Spouse/Parent/Child/Other Male/Female

Secondary Insurance Name: _____ Effective Date: _____
Contract Number: _____ Group Number: _____
Insured's Name: _____ Insured's DOB: _____
Patient's relation to insured party: Self/Spouse/Parent/Child/Other Male/Female

Please have your Driver's License and all Insurance Cards available for us to scan. Thank you.

Who can we contact in case of an emergency?
Name: _____ Phone: _____ Relation: _____

I hereby authorize Advanced Heart & Vascular Medicine to release any medical information needed by my insurance carriers in order to process my claim. I hereby authorize payments direct to Advanced Heart & Vascular Medicine. I understand that it is my responsibility to provide correct insurance information to Advanced Heart & Vascular Medicine. **I understand that my insurance may not pay the bill and that some services may be considered "noncovered" by my insurance contract. I understand that I will be responsible for the balance of my account.**

_____ Date: _____ _____ Date: _____
Patient's Signature (Agreement to Pay) Guarantor's Signature (Agreement to Pay)