

Patient Information Record

Patient Account # _____ (For Office Use Only) New Patient Out Patient Updated Information

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Please Print Clearly and complete all information so that your claim can be processed quickly and efficiently. Thank you!

** PATIENT INFORMATION **

Name (*First, M.I., Last*): _____ Social Security #: _____

Date of Birth: _____ Age: _____ Male/Female _____ Marital Status: S M W D O

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Spouse's Name: _____ Spouse's Alternate Phone #: _____

Primary Care Physician: (First & Last Name)

EMERGENCY CONTACT (Someone Who Does Not Live With You)

Name: _____ Relationship to Patient: _____

Primary Phone #: _____ Alternate Phone #: _____

** INSURANCE INFORMATION **

#1 –Name of Primary Insurance:
(Insurance to be billed first)

Certificate or ID #: _____ Group #: _____

Policy holder's Name: _____ Relationship to Patient: Self / Spouse / Dependent

Policy holder's Social Security #: _____ Policy holder's Date of Birth: _____

**#2 –Name of Secondary Insurance:
(Insurance to be billed second)**

Certificate or ID #:	Group #:
Policy holders's Name:	Relationship to Patient: Self / Spouse / Dependent
Policy holder's Social Security #:	Policy holder's Date of Birth:

If you listed Medicare as your secondary insurance please check beside the reason why Medicare is your secondary insurance from the below list.

- _____ **Covered under working spouse's group insurance.**
- _____ **Have coverage by another federal program which makes Medicare my secondary.**
- _____ **Am still employed and covered by my group insurance at work.**
- _____ **Am under 65 and disabled and am covered by a large group health plan.**

Assignment of Benefits

I hereby assign, transfer, and set over to Abilene Cardiology Consultants all of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization.

Financial Policy

Payment is expected at the time of your visit for any co-payment/co-insurance amount, plus any deductible. If you do not have insurance or if your insurance sends payments directly to you, then payment in full is due at each visit. If other arrangements are needed, please contact Cardiology Consultants at 325-793-3300 and ask to speak with a patient account representative.

For your convenience, we accept VISA, MasterCard, cash, or check.

Should an overpayment occur on the deductible or percentage amounts charged, once we are notified by the insurance company, we will apply a credit to your account and a refund check will then be issued to you within 30 days of notification from the insurance carrier. If you have an appointment within the next 30 days, the credit will be applied to your account and can be used at that visit.

You will also be asked to make payment on any outstanding balance at the time of your visit. Patient balances after insurance processing is due within 30 days.

We have professional billing and patient account representatives available to answer any questions you may have regarding your account.

NSF (non-sufficient funds) checks are sent to InstaChek for collection. **A service fee of up to \$30.00 is charged on all returned checks in addition to the amount of the check.**

I have read and understood the foregoing Financial Policy and agree to abide by the terms of the policy.

Patient's Signature (or Legal Guardian)

Date: