

Hillsboro Cardiology Patient Registration

Full Legal Name: _____ Preferred Name or Nickname: _____

Birth Date: ____/____/____ Age: _____ Male Female Single Married Widowed Divorced

Address _____ / _____ / _____
City State Zip Code

Social Security #: _____ - _____ - _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Language: English Spanish Other: _____ Race: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Refused

Spouse's Full Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Ok to leave detailed message? Home Work Cell

Primary Physician: _____ Referred by: _____

Person to Call if Unable to Reach You

Name: _____ Relationship to You: _____ Phone #: _____

Who is responsible for Patient's Medical Expenses?

Self (*if Self, please go to Insurance Information*) Parent Spouse

Name: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Address: _____ City/State: _____ ZIP: _____

Cell Phone: _____ Employer: _____ Work Phone: _____

Insurance Information

Primary Insurance: _____ ID #: _____ Group #: _____

Subscriber: Self Spouse Parent Subscriber's Name: _____

Secondary Insurance: _____ ID #: _____ Group #: _____

Subscriber: Self Spouse Parent Subscriber's Name: _____

Authorization for Release of Information Assignment of Insurance Benefits and Promise of Payment

I hereby authorize Hillsboro Cardiology, P.C. to furnish the insured's insurance company all information which said insurance company may request regarding my present illness or injury. I authorize any physician, hospital, or medical care facility to provide all information on my medical history and treatment to Hillsboro Cardiology, P.C. I hereby assign any insurance company payments directly to Hillsboro Cardiology, P.C., to the extent of my doctor bills. I understand that the charges incurred are my responsibility, and I agree to pay Hillsboro Cardiology, P.C. in full for all services rendered.

Signature of Responsible Party: _____ Date: _____

FOR OFFICE USE ONLY: HIPAA Signed? Yes No