

NORTH TEXAS HEART CENTER

PATIENT INFORMATION SHEET

PATIENT INFORMATION

Patient Legal Name: _____ Birthdate: _____
Address: _____ Driver License: _____
City: _____ State: _____ Zip: _____ Sex: M F Marital Status: M S W D
Home Phone Number: _____ Work Phone Number: _____
Referring Physician: _____ SS#: _____ - _____ - _____
Physician to be seen: _____ Date of Appointment: _____
Employer: _____ Occupation: _____
Employer Address: _____ Phone # to verify coverage: _____
E-mail Address: _____

SPOUSE INFORMATION

Spouse/Guardian: _____ Spouse/Guardian DOB: _____
Employer: _____ Employer Phone #: _____
Occupation: _____ SS# _____

BILLING/INSURANCE INFORMATION

A COPY OF YOUR INSURANCE CARD WILL BE REQUESTED AT TIME OF SERVICE. If you do not have your card available please request an Insurance Information Sheet from the receptionist.

MOST IMPORTANT.....WHAT I NEED TO BRING TO THE PHYSICIANS OFFICE

- Your **Referral Number** from your primary care physician (PCP). Your PCP does not always call the office in advance with this information. Not having the number with you will cause unnecessary delays, or having to reschedule your appointment.
- Your **Insurance Card** which provides the necessary group and plan numbers, as well as the proper mailing address for filing your claim.
- Means for paying your **Co-pay or 20%** (which ever applies) which is due at time of service. The office accepts most major credit cards.

PLEASE CONTACT OUR OFFICE AT 361-3300 WITH ANY QUESTIONS OR IF PAYMENT ARRANGEMENTS NEED TO BE ESTABLISHED.

Patient Signature _____ Date _____