

## Cardiology Wellness Center: Patient Information Update

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: Area code: (\_\_\_\_\_) \_\_\_\_\_

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

Other Contacts:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Dear Patient:

In order to ensure that your registration information is up-to-date, please review the prior registration information that you filed with us during your last visit. If there are no changes in your profile, then please fill out the following information and sign the following agreement that attests and indicates that your information on file is current. If you are not sure, please fill out another registration form so that we may update your personal file.

By signing the following statement, I believe that the previously submitted information is true to the best of my knowledge:

- My insurance information has not changed and is current.
- My personal information (home address, employment status) has not changed and is current.
- My personal information (phone and mailing contact information) has not changed and is current.
- My emergency contact information (name and phone information) has not changed and is current.

I further agree to the following:

- ⇒ If I have no insurance, I understand that payment in full is expected at the time of service, unless other arrangements are made.
- ⇒ I am responsible to pay any co-pay required by my insurance carrier(s) at the time services are rendered or performed.
- ⇒ I am responsible for any outstanding charges on my account in the event that all or parts of the doctor's services are not covered by my insurance.
- ⇒ I authorize the release of any medical information to my insurance carrier(s) necessary to process my insurance claim(s). This will cover all performed medical services until I revoke such authorization.
- ⇒ I authorize that a photocopy of this form may be used in lieu of the original.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_