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__________________