

Charleston Heart Specialists

(Please Print)

PATIENT INFORMATION

Form for Patient Information including fields for Name (Last, First, Middle), Marital Status, Social Security Number, Date of Birth, E-Mail Address, Phone Numbers (Work, Cellular, Home, Pager), Address, City, State, ZIP (+4), Employment Status, Employer, Occupation, Emergency Contact Name, Phone Number, Emergency Contact Relationship to Patient, Referring Physician Name, and How did you hear about us?

RESPONSIBLE PARTY INFORMATION

Form for Responsible Party Information including fields for Name (Last, First, Middle), Also Known As Name (Last, First), Social Security Number, Date of Birth, E-Mail Address, Phone Numbers (Work, Home), Address, City, State, ZIP (+4), Employment Status, Employer, Employer Phone Number, and Patient Relationship to Responsible Party.

PRIMARY INSURANCE INFORMATION

(provide your insurance card to the front desk at check-in)

Form for Primary Insurance Information including fields for Name of Insured, Patient Relationship to Insured, Insured Employer Name, Insurance Company/Phone Number, Subscriber ID (Policy Number), Group ID, Copay Amount, Effective Date, Termination Date, Insured Date of Birth, Insured's Social Security Number, and Insurance Company Address.

SECONDARY INSURANCE INFORMATION

(provide your insurance card to the front desk at check-in)

Form for Secondary Insurance Information including fields for Name of Insured, Patient Relationship to Insured, Insured Employer Name, Insurance Company/Phone Number, Subscriber ID (Policy Number), Group ID, Copay Amount, Effective Date, Termination Date, Insured Date of Birth, Insured's Social Security Number, and Insurance Company Address.

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge.