

# HEART GROUP OF THE CAROLINAS

PATIENT NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
MARITAL STATUS ( M / S / W ) DATE OF BIRTH \_\_\_\_\_ SEX ( M / F )  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME # \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ WORK # \_\_\_\_\_

## SUBSCRIBER OF INSURANCE INFORMATION

( IF DIFFERENT THAN PATIENT INFO.)

NAME OF SUBSCRIBER (MIDDLE INITIAL) \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ MARITAL STATUS ( M / S / W )  
DATE OF BIRTH \_\_\_\_\_ SEX ( M / F )  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ WORK # \_\_\_\_\_

## PRIMARY INSURANCE

INSURANCE COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
IDENTIFICATION/POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_  
SUBSCRIBER'S NAME \_\_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_

## SECONDARY INSURANCE

INSURANCE COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
IDENTIFICATION/ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_  
SUBSCRIBER'S NAME \_\_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_

## ASSIGNMENT OF BENEFITS – FINANCIAL RESPONSIBILITY

I hereby assign all medical / surgical benefits, to include major Medical benefits which I am entitled, including Medicare; private insurance and any other health plans to Heart Group of the Carolinas. This order will remain in effect until revoked in writing. A photocopy of my card is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by the insurance listed above. I also authorize the release of information from any and all records as required by insurance carriers.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IF INSURANCE INFORMATION IS NOT SUBMITTED OR IF YOU HAVE NOT MET YOUR DEDUCTIBLE, YOU ARE EXPECTED TO PAY AT THE TIME OF SERVICE.**