



Welcome! Thank you for selecting our healthcare team. We intend to provide you with the best possible healthcare. Please fill out this form to aid us in that effort. If you have any questions, please ask us—we will be happy to help.

PERSONAL INFORMATION

Patient Name: _____ Date: _____
Address: _____ Date of Birth: _____
City/State: _____ ZIP: _____ SSAN: _____ - _____ - _____
Telephone: (____) _____ - _____ Age: _____ Sex: M or F Marital Status: Single Married Divorced Widowed
Employer: _____ Address: _____
Occupation: _____ Work Phone: (____) _____ - _____
Spouse's Name: _____ Employer: _____
Spouse's Date of Birth: _____ Spouse's Occupation: _____ Work Ph: (____) _____ - _____
Patient's/Responsible Party's Driver's License # & State: _____ / _____ SSAN: _____ - _____ - _____
Person to Notify in an Emergency: _____ Relationship: _____
Telephone: (____) _____ - _____ Additional Telephone(s): (____) _____ - _____ / (____) _____ - _____
Cardiologist: _____ Telephone: (____) _____ - _____
Primary Care Physician: _____ Telephone: (____) _____ - _____
Pulmonologist: _____ Telephone: (____) _____ - _____

INSURANCE INFORMATION

Medicare #: _____ Medicaid # _____

Primary Insurance Company: _____ Telephone: (____) _____ - _____

Address: _____

Policy #: _____ Group #: _____

Name of Insured: _____ Relationship to Patient: _____

Date of Birth of Insured: _____

Secondary Insurance Company: _____ Telephone: (____) _____ - _____

Address: _____

Policy #: _____ Group #: _____

Name of Insured: _____ Relationship to Patient: _____

I hereby authorize South Texas Cardiothoracic & Vascular Surgical Associates, PLLC, to release medical information to my insurance companies and other healthcare providers involved in my care. I authorize payment of surgical & medical benefits directly to South Texas Cardiothoracic & Vascular Surgical Associates, PLLC. I understand that I am personally responsible for all charges not covered by this authorization and I hereby guarantee payment of this account.

Signature: _____ Date: _____

PLEASE COMPLETE ENTIRE FORM