GEORGIA THORACIC & CARDIOVASCULAR SURGICAL ASSOCIATES

PATIENT REGISTRATION FORM

Last Name_____ First Name_____ MI_____

Date: _____ Referring Physician: _____ Physician Tel: _____

S.S.N:_____ D.O.B:._____ Age: _____ Sex: Male Female

Marital Status: Single Married Widowed Divorced

Home Address: _____ City:_____ State:____ Zip:_____

Home Tel: _____ Work Tel: _____

Patient Employer:_____

Work Address: _____ City:_____ State:____ Zip:_____

Insurance Information:

Primary Insurance:_____ Group No._____ Member No._____

Secondary Insurance:_____

Relationship to Insured:_____

Spouse Information

Name:_____ S.S.N. _____

D.O.B.:_____ Employer:_____

Work Address:_____ City:_____ State:___ Zip:_____

Work Tel: _____

Emergency Contact: _____Tel:_____ Relationship_____

Authorizations

- I hereby authorize and request the medical treatment necessary for the care of the above named patient.
- I authorize the release of all medical records to the referring and family physicians and to my insurance company if applicable. I allow the fax transmittal of my medical records if necessary.
- I acknowledge full financial responsibility for services rendered by Georgia Thoracic & Cardiovascular Surgical Associates. I understand payment is due at the time of service unless other definite financial arrangements have been made prior to treatment. I understand that I am responsible for any un-met deductibles and co-insurance fees.
- I understand that insurance companies have agreements with certain laboratories for lab work and that it is my responsibility to know which laboratory my insurance authorizes and to inform our office staff as to which laboratory my insurance covers.
- I further authorize and request that insurance payments be made directly to Georgia Thoracic & Cardiovascular Surgical Associates for services rendered.

I have read and fully understand the above consent for treatment, release of medical information, financial responsibility and insurance authorization.

Name: _____ Signature: _____ Date: _____

* Please complete all sections.