

Citrus Cardiology Consultants, P.A.
Registration/Demographic Sheet

Account:94725

DOB:12/02/1944

Sloane,George B

Address: 411 WALNUT ST

City: 10399, GREEN COVE SPRINGS FL 32043-3443

Home Phone: 352-321-7166

Cell Phone: 352-321-7166

Marital Status: Single Married Divorced Separated Widowed
Race: Caucasian African American Hispanic Asian Other _____

Email Address: _____

Employer: _____ Employer Phone: _____

Primary Care Physician _____

In case of emergency notify: _____

Phone #: _____

Alternate Address: _____

Alternate Phone #: _____

Individuals authorized to obtain your medical information:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Pharmacy: _____

*****Note*****

If spouse, family member, POA's, or Healthcare Surrogate, etc. are not listed above, we can NOT release any information to such individuals.

Primary Ins: _____ Secondary Ins: _____

Patient Signature

Date

Citrus Cardiology Consultants, P.A.

Receipt of Patient Privacy Notice

Patient Printed Name

Date of Visit

This is to acknowledge that I have:

(check one)

Received a copy of the Patient Privacy Notice.

Declined a copy of the Patient Privacy Notice.

Patient Signature

Citrus Cardiology Consultants, P.A.

Release of Medical Information

I hereby authorize the release of medical information by Citrus Cardiology Consultants to any providers involved in the direct care associated with my treatment.

Insurance Authorization

I hereby authorize the release of medical information to insurance carriers necessary to process claims and hereby assign to Citrus Cardiology Consultants. All payments for medical services rendered. I request that payment of government benefits either to myself or the party who accepts assignment. I understand that I am personally responsible for charges not covered by this assignment.

Financial Authorization

I acknowledge that the patient or responsible party is financially responsible for payment of the account regardless of whether they do or do not have insurance.

Acknowledgement of Notice of Privacy Practices – HIPPA

I acknowledge I have received the Notice of Privacy Practice from Citrus Cardiology Consultants.

Patient Signature

Date

If patient is unable to sign, responsible party signature and relationship here.

Agreement is in effect unless revoked in writing by patient.

For Office Use Only

In lieu of patient signature, I, _____, an employee of Citrus Cardiology Consultants, state that patient, has been given our _____ current Notice of Privacy Practices. Please initial _____ if patient refuses to sign.

Employee's Signature

Date