

TEST, PORTAL (id #2, dob: 01/01/1946)

TEST, PORTAL 01/01/46 #2



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****Please review and update the information below to the best of your ability.****

Patient Registration

CURRENT PATIENT INFORMATION -- PLEASE PRINT

Last Name: **TEST**
First Name: **PORTAL**
Middle Name:
Address: **999999**
City: **EL PASO** State: **TX**
Zip: **79901**
Home Phone: **(915) 449-6004**
Work Phone: **(999) 999-9999**
Mobile Phone: **(915) 449-6004**
Sex: **F**
Marital Status: **M**
Date of Birth: **01/01/1946**
Social Security No.:

Guarantor Information (to whom statements are sent)

Name: **PORTAL TEST**
Address: **999999**
EL PASO, TX 79901
Relationship to patient: _____
Date of Birth: **01/01/1946**
Social Security No.:
Phone: () _____ - _____

Emergency Contact Information

Name:
Relationship:
Phone:
Mobile Phone: () _____ - _____
Patient email: **dmunoz@texanheart.com**

Primary Insurance Information

Insurance Plan Name: ***SELF PAY***

Policy Holder (if other than patient)

Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth: Sex (please circle): **M** or **F**
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.:
Policy/Group No.:

Secondary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth: Sex (please circle): **M** or **F**
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.:
Policy/Group No.:

ASSIGNMENT AND RELEASE:

- I hereby assign my insurance benefits to be paid directly to the physician.
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance. I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan.
- I authorize the physician to release any medical information required to process this claim.
- I authorize my provider's office to contact me by telephone to remind me of my appointments.
- A fee for no shows may apply.

Signed

Date: