



Patient Registration

Patient Name : _____

Patient Date of Birth : _____

SSN # _____

Male Female Circle one

Patient Home Address : _____

Home Telephone : _____

Employer Phone Number : _____

Cell Phone : _____

Employer : _____

Marital Status: _____

Spouse Name : _____

DOB: _____ SSN # : _____

Spouse Cell Phone : _____

Spouse Employer: _____

Spouse Work Number : _____

Primary Care Doctor's Name/ Phone _____

Referring Doctor/ Phone (if different than Primary): _____

EMERGENCY CONTACT NAME AND PHONE # _____

I authorize Loudoun Cardiovascular Specialists, PLLC (LCS) to apply for benefits on my behalf for the covered services and request payments from the insurance company(ies) be made to LCS

for the treated person named. I certify that the information reported is correct and further authorize the release of any necessary information for this or any related claim to the above named agent or any agent/business associates which whom we are affiliated. I permit a copy of this authorization to be used in place of the original.

IN ALL CASES, PROFESSIONAL FEES ARE THE PATIENT, SPOUSE, GUARDIAN AND/OR PARENT'S RESPONSIBILITY.

There will be a \$50.00 charge issued on any missed appointments without 24 hour notice. Finance charges are computed by a "Periodic Rate" of 1.5% p/month, which is an APR of 18% applied to the previous balance without deducting current payments and/or credits appearing on any given bill. Responsible party(ies) further agree to pay any and all collection fees incurred and legal expenses, including but not limited to all Collection Agency and Attorney fees (at 33.3%), all court related costs, services and filing fees, interrogatory and garnishment fees as well as any interest that may be accrued for the collection of past debts.

Other individuals allowed to access my medical information:

Signed: _____

Dated : _____

By signing this form, I consent to reviewing and agreeing with the HIPAA information as well as Protected Health Information as supplied to me by the office.