



San Tan Cardiovascular Center LLC

Phone: (480) 632-1577

Fax: (480) 632-1574

Mesa
6959 E Rembrandt Ave
Suite 117
Mesa, AZ 85212

Gold Canyon
6740 S. Kings Ranch Road
Suite 103
Gold Canyon, AZ 85118

Chandler
3980 E. Riggs Rd
Building 4 Suite 2
Chandler, AZ 85249

Patient Registration

Patient information:

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Sex: M F Soc Sec # _____

Arizona address: _____ City: _____ State: _____ Zip: _____

Telephone:(Home) _____ Cell: _____ E-mail: _____

Secondary address: _____ City: _____ State: _____ Zip: _____

Marital status: _____ Spouse/partners name: _____

Emergency Contact: _____ Phone: _____ relation: _____

Race: _____ Language: _____

Ethnicity: (pick one) Hispanic/Latino, Not Hispanic/Latino, Black, White, Refuse to report

Pharmacy: _____ Cross streets: _____

Phone: _____

Insurance Information:

Primary insurance: _____ ID: _____

Group #: _____

Policy holder: _____ DOB: _____ Relationship: _____

Soc Sec: _____ Employer: _____

Secondary Insurance:

Primary insurance: _____ ID: _____

Group #: _____

Policy holder: _____ DOB: _____ Relationship: _____

Soc Sec: _____ Employer: _____

I hereby give permission to treat me or my dependents as necessary. I understand my insurance company may assist me in paying my medical costs, but I am ultimately responsible for all medical services rendered, and if necessary, agree to pay all reasonable and customary fees and/or attorney fees that may occur if my account becomes delinquent.

I authorize the release of any medical information necessary to process any claims to my insurance company. I furthermore authorize payment of medical benefits to go directly to my physician for services rendered.

Signature: _____ Date: _____



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