



# 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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