



# Northwest Houston Cardiology PA

13325 Hargrave Road #100  
Houston, TX 77070  
281-469-8007

## Demographic Information

### Patient Information

Name (Last, First MI)				SSN#	DOB	SEX Male Female
Address				City	State	Zip
Marital Status S M D W	Student Status No Full-time Part-time	Veteran Yes or No	Home Phone	Secondary Phone	Are you a new patient here? Yes or No	
Primary Employer	Address		Phone	City	State	Zip

### Responsible Party Information

Name (Last, First MI) <input type="checkbox"/> check box if same as above				SSN#	DOB	SEX Male Female
Address				City	State	Zip
Marital Status S M D W	Student Status No Full-time Part-time	Veteran Yes or No	Home Phone	Secondary Phone	Are you a new patient here? Yes or No	
Primary Employer	Address		Phone	City	State	Zip

### Primary Insurance

Name of primary insured (Last, First MI) <input type="checkbox"/> check if same as above				SSN#	DOB	SEX Male Female
Name of Insurance Company			Address	City		Zip
Insurance Phone #	Policy #	Group #	Relationship to patient			

### Secondary Insurance

Name of primary insured (Last, First MI) <input type="checkbox"/> check if same as above				SSN#	DOB	SEX Male Female
Name of Insurance Company			Address	City		Zip
Insurance Phone #	Policy #	Group #	Relationship to patient			

### Other Information

Preferred method of communication <input type="checkbox"/> Phone <input type="checkbox"/> email <input type="checkbox"/> text message    email address: _____	Family Physician	Cardiologist Samal Vivek Kuruvanka
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### Medical Statistics (required by insurance company)

Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Nat Hawaiian/Pacific Islander <input type="checkbox"/> Other	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Declined to Provide	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____

I hereby authorize Trinity Healthcare Network and Northwest Houston Cardiology PA to apply for benefits on my behalf for covered services rendered. I request payment by my insurer be made directly to said entities and in the case of Medicare Part B to the party who accepts assignment. I understand that I am financially responsible for all charges whether or not paid by my insurance for services rendered to me or to my dependents. I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claim, to the above mentioned insurer or billing agents (or in the case of Medicare part B benefits to the Centers for Medicare and Medicaid). I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my insurance company at any time in writing.

Signature of Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_