Florida Heart & Vascular at Northwest
2960 North State Road
Margate, FL 33063

Phone: 954-973-1880
Fax: 954-973-1882

Patient Registration Form

Last Name | First Name | MI | Date of Birth (DOB) | Social Security # | ◯ Male ◯ Female

Primary Address (Number, Street, Apt/Suite #) | City | State | Zip

Secondary Address (Number, Street, Apt/Suite #) | City | State | Zip

Home Phone | Cell Phone | Employer | Work Phone | Referred by

Emergency Contact (Name) | Emergency Contact (Phone)

Primary Language

☐ English ☐ Spanish ☐ Other ☐ Decline

Ethnicity

☐ White
☐ Asian
☐ Black/African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

I give Florida Heart & Vascular at Northwest permission to contact me via email ◯ Yes ◯ No

Email:

Life Time Authorization

I certify that the information given to me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that the payment of authorized benefits be made on my behalf. I assign the benefits payable for the physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

I request that this authorization also apply to all other insurance.

Signed | Date

Beneficiary | Medicare Number

CONSENT TO TREAT

I hereby authorize Florida Heart & Vascular Care at Northwest to administer treatment as deemed medically necessary.

Patient X | Date X

How did you learn about our practice? Check all that apply.

☐ Referring Provider ☐ Website ☐ Facebook ☐ HealthGrades.com ☐ Google Places ☐ Search Engine
☐ Family/Friends ☐ Blog ☐ Twitter ☐ Vitals.com ☐ Yelp.com ☐ Physician Directory

Other, please describe: