



**TUSCAN CARDIOVASCULAR CENTER**  
 J. DOUGLAS OVERBECK, MD  
 701 TUSCAN DRIVE, SUITE #205  
 IRVING, TEXAS 75039  
 PHONE 972-253-2505 ♦ FAX 972-253-2506

**PATIENT REGISTRATION**

Doctor: \_\_\_\_\_

Internal Patient ID #: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_

Sex:  M  F

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Work  Other

Marital Status:  Married  Single  Divorced  Widowed

Phone: \_\_\_\_\_  Home  Work  Other

Referring Physician: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

**PATIENT EMPLOYMENT**

Employed  Retired  Other

**CONTACTS**

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GUARANTOR – Responsible Party (who carries the insurance)**

Same as Patient \_\_\_\_\_

**GUARANTOR'S EMPLOYMENT INFORMATION**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**PRIMARY INSURANCE**

Same as Patient  Same as Guarantor  Other

Insured Party: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insured Phone: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insured's Social Security #: \_\_\_\_\_

Policy Group: \_\_\_\_\_

Insured ID: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

**SECONDARY INSURANCE**

Same as Patient  Same as Guarantor  Other

Insured Party: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Insured Phone: \_\_\_\_\_

Insured's Social Security #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insured ID: \_\_\_\_\_

Policy Group: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

**Assignment of Benefits:** I hereby assign all medical and/or surgical benefits to the attending physician. The assignment will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not said insurance company pays. I hereby authorize said assigned to release all information necessary to secure payment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_