

Patient Profile



Buffalo Cardiology and Pulmonary Associates, P.C.
6460 Main St., Williamsville, NY 14221-5838
(716) 634-5100
Billing Office 565-6632

Doctor: _____

PATIENT INFORMATION

Name: _____

Patient ID #: _____ Sex: []M []F

Address: _____

Date of Birth: _____

City, State: _____

Social Security #: _____

Phone: _____ []Home []Work []Other

Marital Status: []Married []Single []Divorced

Phone: _____ []Home []Work []Other

Referring Physician: _____

Primary Physician: _____

PATIENT EMPLOYMENT

CONTACTS

[]Employed []Retired []Unemployed []Other

Phone: _____

Employer: _____

GUARANTOR

EMPLOYMENT

[]Same as Patient

Name: _____

Employer: _____

Address: _____

Phone: _____

City, State: _____

Social Security #: _____

Phone: _____

Date of Birth: _____

PRIMARY INSURANCE

[]Same as Patient []Same as Guarantor []Other

Insured Party: _____

Relationship to Patient: _____

Insured Phone: _____

Social Security #: _____

Company: _____

Insured ID: _____

SECONDARY INSURANCE

Policy Group: _____

[]Same as Patient []Same as Guarantor []Other

Date of Birth: _____

Insured Party: _____

Relationship to Patient: _____

Insured Phone: _____

Social Security #: _____

Company: _____

Insured ID: _____

Primary Care Physician: _____

Policy Group: _____

Would you like any other physician to receive reports?

Date of Birth: _____

ASSIGNMENT OF BENEFITS

I hereby irrevocably assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled including Medicare, private insurance and any other health care plans to Buffalo Cardiology & Pulmonary Associates. A photocopy of this Assignment is to be considered as valid as an original. I hereby authorize said assignee to release information necessary to secure the payment of said benefits.

Signed: _____

Date: _____

05/04/2007