MEMORIAL KATY
CARDIOLOGY ASSOCIATES

PATIENT REGISTRATION

Date _____/_____/_____

Name (*First, M.I., Last)* _____
Date of Birth _____-_____-_____ Male ☐ Female ☐ Marital Status: Select One
Address _____
SSN_____-_____-_____ Home Phone (_____) _____-_____ Mobile Phone (_____) _____-_____
Email _____
Race _____ Ethnicity _____ Preferred Language _____
Primary Care Doctor _____ Phone No. (_____) _____-_____
Referring Doctor _____Phone No. (_____) _____-_____

EMERGENCY CONTACT

Name _____ Relation _____
Phone (_____) _____-_____
Name _____ Relation _____
Phone (_____) _____-_____

INSURANCE INFORMATION

Primary Insurance _____ Phone No (_____) _____-_____
Address _____
Insurance Policyholder's Name _____ Date of Birth _____/_____/_____
Insurance Policyholder's ID _____ Group No. _____

Do you have other coverage through another group health plan? No ☐ If yes, fill out the section below.

OTHER INSURANCE

Your insurance company contract contains a Coordination of Benefits (COB) provision which applies to situations where there may be overlapping coverage. Please complete the following sections to ensure accurate processing of claims without COB delays.

SECTION I

What type of policy is this? Group ☐ Individual Policy ☐ Other ☐
Name of the carrier: _____ Phone#: (_____) _____-_____
Address: _____
Insurance Policyholder's Name: _____ Date of Birth: _____/_____/_____
Insurance ID/SSN: _____ Effective date: _____
Is the policy holder: Actively working for the group ☐ or Inactive ☐
Retired, retirement date _____/_____/_____ Cobra, which began _____/_____/_____

SECTION II

Are you or your spouse covered under Medicare? No ☐ If yes, please complete the following:
Name: _____Date of Birth: _____/_____/_____
Medicare # _____SSN _____-_____-_____ Effective Dates ____/____/_____
Do you have part A? Yes ☐ No ☐ Do you have part B? Yes ☐ No ☐
Medicare Entitlement: (Please check) Age ☐ Disability ☐ End Stage Renal Disease (ESRD) ☐

I certify that the above information is correct.

_____ _____/_____/_____
Signature *Date*

_____
Printed Name