Houston Electrophysiology Associates • 6624 Fannin, Suite 1910, Houston, Texas 77030 • Phone (713) 791-9444 • Fax (713) 791-95	
ACCOUNT #:	REFERRING DOCTOR:
PATIENT'S NAME:	D.O.B.://
	illii dd yyyy
	- SOCIAL SECURITY #:
_	PHONE #: (
	SPOUSE'S D.O.B.://
	PHONE #: (
	area code pnone number
NSURANCE CO. PHONE #: (
	ID #:
GROUP #:	PRIMARY CARE PHYSICIAN:
SECONDARY INSURANCE:	
SECONDARY INSURANCE CO. PH	ONE #: (
	area code pnone number ID #:
	PRIMARY CARE PHYSICIAN:
EMERGENCY CONTACT:	PHONE #: (
ALL PROFESSIONAL SERVICES ARE C OF DOCTOR'S FEES WITHIN 30 DAYS I CLAIMS. EXTENSIONS OR CREDIT BE	HARGED TO THE PATIENT. THE PATIENT IS RESPONSIBLE FOR PAYMENT REGARDLESS OF INSURANCE COVERAGE OR STATUS OF INSURANCE YOND 30 DAYS MUST BE APPROVED BY THE BUSINESS OFFICE. CLAIMS COMPANY AS A COURTESY TO YOU.
NSURANCE CARRIER(S) CONCERNING	CTROPHYSIOLOGY ASSOCIATES TO FURNISH INFORMATION TO MY G MY ILLNESS AND/OR TREATMENT PLANS. I HEREBY ASSIGN TO THE

SIGNATURE: