



HEART RHYTHM SPECIALISTS OF CALIFORNIA INC.
CARDIOVASCULAR MEDICINE | CARDIAC ELECTROPHYSIOLOGY
SUKHVINDER BHAJAL, M.D.

PATIENT REGISTRATION FORM

PATIENT INFORMATION					
Last Name:	First:	Middle:	Driver's License#:		
Date:	Emergency Contact Name:	Emergency Phone#:	Date of Birth:	Age:	Sex M/F:
Address:		City:	State:	Zip Code:	
Social Security#:	Home phone#:		Cell Phone#:		
Marital Status:	Work Phone#:		Referred By:		
Occupation:	Employer:		Employer Phone#:		
Nature of Business:			Referral:		
Employer Address:		City:	State:	Zip Code:	
PRIMARY INSURANCE INFORMATION (PLEASE PROVIDE COPY OF INSURANCE CARD)					
Insurance Name:	Coverage From:	Insurance Address:	Insurance Phone#:		
Annual Deductible:	Coverage To:	Deductible Met:	Co-Payment:		
Pay Plan:	Claim#:	Insured's Name:	Employer Phone#:		
Occupation:	% of Coverage:	Employer:			
Group#:	Subscriber#:	Adjuster's Name:	Adjuster Phone#:		
Employer Address of Insured:		City:	State:	Zip Code:	
Insured's Address:		City:	State:	Zip Code:	
Insured's Sex M/F:	Insured's Date of Birth:	Insured's Social Security#:	Insured's Phone#:		
SECONDARY INSURANCE INFORMATION (PLEASE PROVIDE COPY OF INSURANCE CARD)					
Insurance Name:	Coverage From:	Insurance Address:	Insurance Phone#:		
Annual Deductible:	Coverage To:	Deductible Met:	Co-Payment:		
Pay Plan:	Claim#:	Insured's Name:	Employer Phone#:		
Occupation:	% of Coverage:	Employer:			
Group#:	Subscriber#:	Adjuster's Name:	Adjuster Phone#:		
Employer Address of Insured:		City:	State:	Zip Code:	
Insured's Address:		City:	State:	Zip Code:	
Insured's Sex M/F:	Insured's Date of Birth:	Insured's Social Security#:	Insured's Phone#:		
I AUTHORIZE PAYMENT OF MEDICAL BENEFITS BE MADE DIRECTLY TO THE PHYSICIAN PROVIDER FOR SERVICES RENDERED.					
_____			_____		
Patient/Guardian (Insured or Authorized)			Date		
I authorize any insurance company, organization, employer, hospital, physician, or pharmacist to release any information to this claim and the expenses reported.					
_____			_____		
Patient/Guardian (Insured or Authorized)			Date		