

HEART SPECIALISTS OF LANCASTER, P.C.

802 NEW HOLLAND AVENUE, SUITE 200  
LANCASTER, PA 17602  
PHONE: 717-291-0700 FAX: 717-291-9634

175 MARTIN AVENUE, SUITE 350  
EPHRATA, PA 17522  
PHONE: 717-738-0167 FAX: 717-738-0310

RODDY P. CANOSA, D.O.  
FRANK W. CORBALLY, D.O.  
GREGORY D. COX, D.O.

SCOTT T. RIEBEL, M.D.  
TATJANA N. SLJAPIC, M.D.  
DANA M. WEINSTEIN, D.O.

Welcome to Our Office! Please complete the following sections so that we have the best information to care for you and submit claims to your insurance carrier.

PATIENT INFORMATION

LAST Name \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

STREET Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP Code \_\_\_\_\_

HOME Phone \_\_\_\_\_ CELL Phone \_\_\_\_\_ BUSINESS Phone \_\_\_\_\_

SOCIAL Security # \_\_\_\_\_ DATE of Birth \_\_\_\_\_

Male  Female Marital Status \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PRIMARY Care Physician: \_\_\_\_\_ PHONE NUMBER of Primary Care Physician: \_\_\_\_\_

Person responsible for payment and their address, if different from above: \_\_\_\_\_

Is your appointment with us a result of an Automobile accident or Worker's Comp claim? (If YES, you will be asked to complete a separate informational page.)  No  Yes

AUTHORIZATION TO RELEASE INFORMATION

I authorize any holder of medical or other information about me to release this information to my insurance company, its intermediaries or carriers, to my attorney or another physician's office.

I hereby authorize direct payment of medical and/or surgical benefits, including major medical benefits to which I am entitled, Medicare, Private Insurance, and any other health plan be made on my behalf to: Heart Specialists of Lancaster, P.C. I also permit a copy of this authorization to be used in place of the original. This assignment will remain in effect until revoked by me in writing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL MEDICARE PATIENTS:**

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of authorized medical insurance benefits be made on my behalf to Heart Specialists of Lancaster, P.C. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S. C. 3801-3812 provides penalties for withholding this information.) Regulations pertaining to Medicare assignment of benefits also apply.

SIGNATURE: \_\_\_\_\_

MEDICARE ID # \_\_\_\_\_

**ALL MEDICARE PATIENTS WITH A MEDIGAP CARRIER AS THEIR SECONDARY INSURER.**

I request that payment of authorized Medicare-Medigap benefits be made on my behalf to Heart Specialists of Lancaster, P.C. for any services furnished to be my Heart Specialists of Lancaster, P.C. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits for related services.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

POLICY ID# \_\_\_\_\_

**IN COMPLIANCE WITH MEDICARE REGULATIONS WE ARE REQUIRED TO ASK THE FOLLOWING QUESTIONS:**

- 1) Do you or your spouse work for a company that provides you with health insurance? No  Yes
- 2) Are you entitled to Medicare because of disability or End-Stage Renal Disease? No  Yes
- 3) Is the illness or injury the result of an automobile accident or other injury? No  Yes
- 4) Has the treatment for the accident or illness been authorized by the Veteran's Administration? No  Yes
- 5) Are you entitled to any benefits under the Federal Black Lung Program? No  Yes

**I certify that this information is true and complete to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*OFFICE USE ONLY: If all questions are answered "No", Medicare is primary payor. If any questions are answered "Yes", Medicare may be secondary. PLEASE VERIFY THIS WITH PATIENT!*