Advanced Cardiovascular ASSOCIATES, PLC

Dr. Luay Sayed, M.D., FACC, FSCAI
Dr. David Benaderet, M.D., FACC
Dr. Matthew Forcina, M.D., FACC
Dr. Fadi Al-Qas Hanna, M.D., FACC
Dr. Ramy Mando, M.D., FACC

Christopher Davis, PA-C
Stephanie Bonynge, AGACNP-BC
Deana Hays, FNP-C
Katlynn Burger, PA-C
Simona Crkovski, FNP- BC
Sara Ruch, PA-C

PATIENT REGISTRATION:

_____ _____ _____
First Name Middle Initial Last Name:

_____ / _____ / _____ Male Female ____ / ____ / _____
Date of Birth Social Security Number

_____
Address

_____ _____ _____
City State Zip Code

_____
Phone Number

_____ _____
Emergency Contact Name and Relationship Emergency Contact Phone Number

_____ _____
Primary Care Doctor Primary Contact Doctor Phone Number

I authorize the use of this form on all my insurance submissions and the release of information to all my insurance company(s). I authorize the doctor and his/her billing service to act s my agent in helping me obtain payment from my insurance company(s). I permit a copy of this authorization to be used in place of the original. ***I understand that I am responsible for my bill, not my insurance company(s).***

I understand that my eligibility for coverage by my insurance company cannot be determined at this time. I wish to receive medical services from the doctor and his/her staff. ***If it is determined that I am not eligible for coverage, I understand that I will be responsible for payment of all services provided.***

I acknowledge full financial responsibility for services rendered by the doctor and hereby authorize any insurance benefits for services furnished, be paid directly to the doctor. I agree to pay all reasonable attorney fees and costs in the event of default of payment of my charges.
I consent to diagnosis/treatment by the doctor and/or his/her staff.

_____
Patient Printed Name

_____ _____
Patient Signature **Today's Date**

PH: 586-566-7870 FAX: 586-566-7850
49050 SCHOENHERR RD STE 100
SHELBY TOWNSHIP, MI 48315

PH: 586-731-7000 FAX: 586-731-8610
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STERLING HEIGHTS, MI 48314

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WARREN, MI 48088