



Southern Heart Specialists, P.C.

Drs. Freireich, Gimbel, Mohan, Mathew, Reddy, Koganti, Dix, Olatidoye,
Inba-Vazhvu, Mandadi, Wickramasekera, S. Mohan, and Williams

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Riverdale, GA 30274
(770) 991-2100

1050 Eagles Landing Pkwy.
Stockbridge, GA 30281
(770) 474-4248

4899 Bill Gardner Pkwy.
Locust Grove, GA 30248
(770) 914-0266

115 Sumner Rd.
Fayetteville, GA 30214
(770) 991-2100

www.southernheart.com

PATIENT INFORMATION

Date: _____ Account #: _____ Email Address: _____

Name: _____
Last First Middle

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ Sex: _____ Social Security Number: _____

Employer: _____

Employer Address: _____

Emergency contact name: _____ Emergency phone _____ Who Referred You? _____

First Insurance Name:

Second Insurance Name:

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Policy Holder: _____

Phone: _____ Policy Holder: _____

Policy#: _____ Group#: _____

Policy#: _____ Group#: _____

Policy Holder's DOB _____

Policy Holder's DOB _____

Policy Holder's SS# _____

Policy Holder's SS# _____

Name of Husband/Wife: _____

Employed By: _____

Employer Address: _____

Your Occupation: _____

Reason for Consultation: _____

I give my permission for Drs. Freireich, Gimbel, Mohan, Mathew, Reddy, Koganti, Dix, Olatidoye, Inba-Vazhvu, Mandadi, Wickramasekera, S. Mohan, and Williams to treat me. I have completed this form fully and completely, and certify that I am the patient or duly authorized general agent of the patient authorized to furnish the information requested.

I understand that even though I have some type of insurance coverage, I am responsible for payment of services.

Preferred Method of Payment: Cash Check Credit Card (MC/VISA)

Date (Today)

Signature of Patient/Parent/Responsible Party

I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.

Signed: _____ Date: _____

COMMUNICATIONS REGARDING MY ACCOUNTS

Until my accounts are finally settled, I give my direct consent to receive communications regarding my accounts from any servicers and any collectors of my accounts, through various means such as 1) any cell, landline, or text number that I provide, 2) any email address that I provide, 3) auto dialer systems, 4) voicemail messages, and other forms of communications.

Responsible Party Signature

Date