

Southern Tennessee Cardiology

Dr. Mircea Basaraba, MD

2210 Cowan Hwy

Winchester, TN 37398

Please completely fill out this form to ensure appropriate healthcare services. We may ask you to look over this information to make sure we have up to date demographic and insurance information. Thank you for choosing Southern Tennessee Cardiology.

Patient Name _____ Date of Birth _____

Sex ____ Social Security # _____ Marital Status: Single__ Married__ Widowed__

Address _____ Zip Code _____

Phone _____ May we leave a message: Yes ____ No ____

Email Address _____

Emergency Contact _____ Phone _____

Family Physician _____

Primary Insurance _____ ID # _____

Name of Insured _____ DOB _____

I understand and agree to the following:

- **Consent to treat:** I authorize Dr. Mircea Basaraba of Southern Tennessee Cardiology to provide medical care reasonable to today's standards. I understand that I have the right to be informed about my treatment options. I also understand that the physician-patient relationship is based on honesty and trust.
- **Insurance Coverage Waiver:** I wish to receive medical services from Dr. Mircea Basaraba of Southern Tennessee Cardiology. If it is determined that I am not eligible for coverage, I understand that I will be responsible for payment of all services provided.
- **Assignment of Benefits:** I hereby assign Dr. Mircea Basaraba of Southern Tennessee Cardiology any insurance or other third-party benefits available for health care services provided to me. I understand Dr. Mircea Basaraba of Southern Tennessee Cardiology has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to the practice, I agree to forward Dr. Mircea Basaraba of Southern Tennessee Cardiology all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

Signature of Patient/ Legal Guardian: _____