



Cardiovascular Diseases
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PLEASE READ AND SIGN THE FOLLOWING TO HELP US WITH FILING YOUR INSURANCE

I hereby authorize Heartland Cardiology, P.A., to release any information relating to all claims for benefits submitted on behalf of myself and/or dependent to any appropriate insurance carriers. I agree that my signature on this document authorizes my physician to submit claims for services rendered or for services to be rendered, without obtaining my signature on each claim submitted. I hereby assign to Heartland Cardiology, P.A., and all providers herein, all payments of this authorization and assignment shall be considered as valid as the original.

Patient name (printed) _____

Patient signature _____ Date _____

Parent/Guardian's signature (if patient is a minor) _____

MEDICAL RECORDS RELEASE

I hereby authorize Heartland Cardiology, P.A., and all providers herein, to release my medical records to my primary care physician and/or the physician who has referred me to Heartland Cardiology, P.A. for treatment. This authorization shall be valid for ongoing and future medical records created until it is revoked.

Patient signature _____ Date _____

MEDIGAP ASSIGNMENT OF BENEFITS (MEDICARE PATIENTS ONLY)

I hereby authorize Heartland Cardiology, P.A., to release any information relating to all claims for benefits submitted on behalf of myself to _____ (Medigap/secondary insurance company). I hereby assign to Heartland Cardiology and all providers herein, all payments for medical services rendered to me.

Patient signature _____ Date _____