GATEWAY CARDIOLOGY, P.C. Nizar Assi, MD, FACC Bassam Al-Joundi, MD, FACC Liwa T. Younis, MD, FACC Tammam Al-Joundi, MD

PATIENT NAME Birthdate					
Home Phone ()	Work Phone ()				
Address					
	Street	City/State	Zip		
Patient SS#	R	Race Male	Female Marital S Please Circle one	Status	
Referring Physician			Phone ()	
In case of emergency, NOT	IFY		Daytime phone ()	
INSURANCE INFORMATI					
Primary Insurance			Secondary Insurance		
I do consent to examination and other health professionals of Gate		_			
Signatur		Date			
Cardiology, P.C., for any services of the health care financing administ information needed to determine to benefits when received and paid to If my insurance company do payment.	tration and its agen these benefits or the Gateway Cardiolog	ts or insurance company be benefits payable for rela gy, P.C., will be credited to	and its agents, by paper of ted services. I further acl o my account in accordan	or electronic method, any knowledge that any insurance ce with said assignment.	
Signatur		Date	?		
I authorize the release of my	medical record	s to GATEWAY CA	RDIOLOGY, P.C.		
					
 Signature	?		Date		