PONDEROSA HEART
HOUSE CALL CARDIAC CARE BUILT FOR THE HOME-BOUND

PATIENT REGISTRATION FORM

UPDATED 9.1.2020

PATIENT NAME: _____ **DATE OF BIRTH:** _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
Preferred method of contact (select one): ◯ Home Phone ◯ Cell Phone ◯ Work Phone

ADDRESS (THIS IS THE ADDRESS THAT WE WILL VISIT THE PATIENT AT):

_____
STREET CITY STATE ZIP CODE

EMAIL: _____

EMERGENCY CONTACT NAME: _____

PHONE: _____ ☐ Home Phone ☐ Cell Phone ☐ Work Phone

POWER OF ATTORNEY: _____ PHONE _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

PEOPLE TO BE CONTACTED PRIOR TO APPOINTMENTS (optional): If you would like a specific person to be contacted before your appointment(s), please list them below.

_____
Name Relationship to patient Preferred method of contact: ☐ Phone ☐ Email

MAILING ADDRESS FOR PAYMENT: All Ponderosa Heart House Call LLC bill(s) and/or claim(s) should be sent to the following address:

_____
Address City State Zip Code

INSURANCE INFORMATION:

INSURANCE CARRIER: _____ POLICY#: _____
☐ PRIMARY ☐ SECONDARY

INSURANCE CARRIER: _____ POLICY#: _____
☐ PRIMARY ☐ SECONDARY

PHARMACY NAME: _____
PHARMACY PHONE NUMBER: _____ LOCATION: _____

PRIMARY CARE PROVIDER: _____ PHONE NUMBER: _____

_____ _____
PATIENT/PATIENT REPRESENTATIVE SIGNATURE **PATIENT/ PATIENT REPRESENTATIVE PRINTED NAME**

_____
DATE

Please complete all forms – sign and return to:
info@myheartmyhome.org or **Fax (480) 597-1723**