Insurance Information

South Florida Interventional
220 SW 84th Ave, Suite 105
Plantation, FL 33324

phone: 954-693-0004

fax: 954-693-4345

****Please provide Staff with your insurance card(s) ****

Primary Insurance

Company Name_____

Policyholder's name_____ Policy ID #_____

Group #_____ Group Name_____

****

Secondary Insurance

Co Name_____

Policyholder's name_____ Policy ID #_____

Group #_____Group Name_____

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED BY ME IN THE OFFICE OF SOUTH FLORIDA INTERVENTIONAL. I HEREBY AUTHORIZE PAYMENT DIRECTLY TO SOUTH FLORIDA INTERVENTIONAL FOR ALL SERVICES AND TREATMENT RENDERED TO ME. I HEREBY AUTHORIZE SOUTH FLORIDA INTERVENTIONAL TO RELEASE ANY INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION FOR THE CONTINUATION OF MY TREATMENT AND CARE. I AUTHORIZE ANY PHYSICIAN, HOSPITAL OR MEDICAL FACILITY TO PROVIDE ON MY BEHALF ALL INFORMATION ON MY MEDICAL HISTORY AND TREATMENT TO DR TODD SCHWARTZ. I HEREBY AUTHORIZE ANY PHOTOCOPIES OF THIS FORM TO BE AS VALID AS THE ORIGINAL.

DATE: _____

PATIENT SIGNATURE (parent if patient is a minor) _____

Driver's License #_____State_____