

**Southeastern Surgical Associates, PC**  
**Southeastern Vascular Laboratory**

100 Camp Street  
Hyannis, MA 02601  
508-775-1984

Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI (S M W D) M/F

Mailing Address \_\_\_\_\_  
Street City Zip

Telephone (\_\_\_\_) - \_\_\_\_\_ Cell (\_\_\_\_) - \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_  
Street City Zip

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_  
Street City Zip

Primary Care Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_

**Billing Information**

Insurances \_\_\_\_\_  
Company Name(s) Policy Holder Policy Number

Insurances \_\_\_\_\_  
Company Name(s) Policy Holder Policy Number

**Billing Information of Policy Holder/Subscriber (If different than patient)**

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_  
Street City Zip

**Insurance Authorization and Assignment**

I hereby authorize the physicians of Southeastern Surgical Associates, PC to furnish information to insurance carriers concerning my illness and treatments and hereby assign to the physician(s) all payments for medical services rendered to my dependents or myself. I understand that I am responsible for any amount not covered by insurance.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ALL MEDICARE RECIPIENTS PLEASE SIGN BELOW**

I request that payment of authorized Medicare benefits be made to me or on my behalf to Southeastern Surgical Associates, PC for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_