Patient Demographic Form

Please Print Legibly

CardioFit Medical Group, Inc. Leonard J. Scuderi, M.D., F.A.C.C.

Your attention to detail when providing us with the demographic information requested will help to ensure that optimal cardiovascular healthcare is provided to you, and that your doctor(s) are provided with necessary updates regarding your current state of health. Note that if your residential, cellular, and emergency contact numbers are not updated on this form, a potentially life-threatening test result cannot be conveyed to you in a timely fashion so that you may receive prompt care.

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| our primary care physicis | an with current data recording | physician's first and last name, phone number, and fax number, information. Dr. Scuderi maintains a 100% compliance in providing |
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Demographics

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Patient Insurance Form

Please Print Legibly

CardioFit Medical Group, Inc. Leonard J. Scuderi, M.D., F.A.C.C.

I have provided this office with my current medical insurance card(s) and certify that all of the information above is complete and accurate. I hereby authorize my insurance benefits to be paid directly to Dr. Scuderi (CardioFit Medical Group, Inc.). I realize that I am responsible to pay non-covered services, copayments, and deductibles, including charges that go unpaid due to incomplete or inaccurate billing information if it were provided by me to this office. I hereby authorize release of pertinent medical information to Dr. Scuderi (CardioFit Medical Group, Inc.), and to my insurance carrier(s). I understand that I may be charged \$50.00 for any appointment that I either cancel or for which I neglect to show, unless i provide at least 24 hours prior notification, and understand that my insurance company cannot be charged.

| NAME: | | | | | |
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