



430 S. Herlong Ave., Suite 104, Rock Hill, SC 29732
Phone 803.324.4900 · Fax 833-559-1046

New Patient Registration

Please complete this form and bring it to your first appointment, along with your insurance card, photo ID, and a list of your current medications.

Patient information

Last name

First name

Middle initial

Date of birth

Sex

Social Security number

Street address

City

State

ZIP

Home phone

Mobile phone

Email

Preferred method of contact

Marital status

Employer

Occupation

Emergency contact

Name

Relationship

Phone

Insurance

Please bring your insurance card to your appointment so we can copy both sides.

Primary insurance carrier

Member / ID number

Group number

Policy holder name

Policy holder date of birth

Relationship to patient

Secondary insurance carrier

Member / ID number

Group number

Referring and primary care physician

A referral is not required to be seen here. We ask so that we can send your results to the right doctor.

Primary care physician

Practice / city

Referring physician, if any

Practice / city

Preferred pharmacy

Pharmacy name

Street / cross street

City

Phone

Signature

I certify that the information above is accurate to the best of my knowledge. I authorize Palmetto Cardiology of York County, LLC to release medical information required to process my insurance claims, and I assign payment of medical benefits to the practice for services rendered.

Patient signature

Date

Printed name

If signing for the patient,
relationship

