



VEIN AND LASER
— C E N T E R —
of Elgin Cardiac Surgery

Insurance Information

Please complete the following information, then sign and date below.

Remember to bring a photo ID to your appointment so that our receptionist may make a copy with your insurance cards to keep in your file.

Patient Name: _____

Patient Social Security Number (*required*): _____

<u>Primary Insurance Information</u>	<u>Secondary Insurance Information</u> <i>(If Applicable)</i>
Name of your primary insurance company: _____	Name of your secondary insurance company: _____
Name of the policy holder: _____	Name of the policy holder: _____
Your relationship: _____	Your relationship: _____
Date of birth of the policy holder (<i>required</i>): _____	Date of birth of the policy holder (<i>required</i>): _____
Social security number of the policy holder (<i>required</i>): _____	Social security number of the policy holder (<i>required</i>): _____
Policy holder's employer: _____	Policy holder's employer: _____
Employer address: _____	Employer address: _____
Employer phone number: _____	Employer phone number: _____

Specializing in:
Varicose Vein Treatment &
Treatment of all Venous Disorders

Patient Signature

Date

1435 North Randall Road, Suite 207, Elgin, Illinois 60120
phone: 847.717.3265 fax: 847.695.1954

Vein and Laser Center of Elgin Cardiac Surgery attained recognition for its commitment to providing high level patient care and quality testing for the diagnosis of vascular disease by the Intersocietal Commission for the Accreditation of Vascular Laboratories. (ICAVL)

www.vlecs.com

