



**Guillermo Salinas, M.D.**  
F.A.C.C., F.S.C.A.I.

**Jeremy Enslein, D.O.**  
F.A.C.C.

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL#: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ SEX: \_\_\_\_\_

PATIENT'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

#### PRIMARY INSURANCE

NAME OF INSURANCE: \_\_\_\_\_ POLICY ID# \_\_\_\_\_

NAME OF INSURANCE HOLDER IF DIFFERENT FROM PATIENT: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC. SEC#: \_\_\_\_\_

#### SECONDARY INSURANCE

NAME OF INSURANCE: \_\_\_\_\_ POLICY ID#: \_\_\_\_\_

NAME OF INSURANCE HOLDER IF DIFFERENT FROM PATIENT: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC. SEC#: \_\_\_\_\_

I AUTHORIZE RGV CARDIOLOGY TO PERFORM PROCEDURES AND TREATMENT INCLUDING THE ADMINISTRATION OF MEDICINE AND LOCAL ANESTHETICS, AS WELL AS OTHER SURGICAL AND MEDICAL PROCEDURES THAT MAY BE NECESSARY.

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS A CLAIM. I AUTHORIZE PAYMENT DIRECTLY TO RGV CARDIOLOGY OF ANY INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT I AM RESPONSIBLE FOR FULL PAYMENT OF SERVICES RENDERED BY RGV CARDIOLOGY IF I AM NOT COVERED UNDER INSURANCE PLAN, I AM RESPONSIBLE FOR ANY NON COVERED CHARGES CO-PAY, AND CO-INSURANCE NOT COVERED BY MY INSURANCE COMPANY. I AUTHORIZE PAYMENT OF ANY ASSIGNED BENEFITS TO: RGV CARDIOLOGY; 101 B EAST RIDGE ROAD, McALLEN, TEXAS 78503

\_\_\_\_\_  
SIGNATURE OF PATIENT/ OR RESPONSIBLE PERSON

\_\_\_\_\_  
DATE



**Guillermo Salinas, M.D.**  
F.A.C.C., F.S.C.A.I.

**Jeremy Enslein, D.O.**  
F.A.C.C.

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Peripheral Artery Disease (PAD) is a common circulation problem in which the blood vessels which carry blood to the legs and / or arms become narrowed or clogged. Please fill out this questionnaire to help us to identify if you have symptoms of PAD.

Please circle YES or NO to the following questions:

1. Do you experience aching, cramping, or pain in your arms, legs, thighs, or buttocks when you walk or exercise?

..... YES NO

2. If you answered YES to question #1, does this pain ever begin when you are standing still or sitting?

..... YES NO

3. If you answered YES to question #1, please indicate by circling where you feel pain:

Right Arm                      Left Arm                      Right Leg                      Left Leg

4. If you answered YES to question #1, does the pain go away with rest? ..... YES NO

5. Indicate how far you can walk without pain.

1 block                      2 blocks                      3 blocks or more

6. Are your fingers or toes pale, blue, or discolored? ..... YES NO

7. Do you have any open sores, ulcers, or wounds on your legs or feet that won't heal?

..... YES NO

8. Have you had any previous surgeries and/or angioplasty on the arteries in your arms, legs, kidneys, or brain?

..... YES NO

9. If yes to question #8, please describe the procedure and when and where it was performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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### **Financial Policies**

Thank you for choosing RGV CARDIOLOGY, PLLC as your health care provider. He is committed to providing state-of-the-art care in a compassionate environment. The following is a statement of his financial policy which he hopes you will read and carefully consider.

### **Regarding insurance**

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract, but as a courtesy, we will bill your insurance for a visit with RGV CARDIOLOGY, PLLC on your behalf. Please be aware that some of the services provided may not be covered under your plan and you will be 100% responsible for these charges. Regarding insurance plans which we are a participating provider, all co-pays and deductibles are due at the time of treatment. We accept cash, checks, MasterCard, VISA, and American Express.

### **Medicare**

RGV CARDIOLOGY, PLLC is a participating Medicare physicians group. We will file your primary insurance claim for you. As a courtesy, we also will file claims to a secondary insurer. However, you must bring all necessary information and sign a release of information/assignment of benefits form.

### **Usual and customary charges**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our geographic area. You may be responsible for payment regardless of any non-contracted insurance company's arbitrary determination of usual and customary fees.

### **Rescheduling, appointments**

If you cannot keep your scheduled appointment, please call us at least 24 hours in advance to reschedule. Thank you for understanding our financial policy. Please call us if you have any questions.

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SIGNATURE OF PATIENT / OR RESPONSIBLE

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DATE