



Peak Cardiology, P.A.

Srivani R. Ambati, M.D., F.A.C.C.
Mary Anderson, R.N., M.S.N., F.N.P.
1051 Pemberton Hill Rd, Suite 202, Apex, NC 27502
www.peakcardiology.com
Phone (919) 363-6060 Fax (919) 363-6040

Patient Information:		<input type="checkbox"/> Male or <input type="checkbox"/> Female	Contact Number(s):
Name: _____			Home: (____) _____
Address: _____			
City _____	State _____	Zip: _____	Cell: (____) _____
Date of Birth: ____/____/____	Social Security # _____		Work: (____) _____

Insurance Information: * Please provide scanned copy of card for precertification purposes			
Primary Insurance Carrier:	Policy #	Group #	Phone
Secondary Insurance Carrier:	Policy #	Group #	Phone
Primary Policy Holder: (Only needed, if different)	Patient's Relationship to subscriber:	Primary Subscriber's DOB:	Primary Subscriber's SSN#

PROCEDURES REQUESTED: (Please check the following procedures to be performed) **ROUTINE** **URGENT**

- Consultation/Office Visit**
- Pre-Op Cardiac Clearance:** Date of Surgery: _____ Type: _____ Surgeon: _____
- Echocardiogram/Cardiac Ultrasound**
- Carotid Ultrasound**
- Leg Ultrasound to rule out clot (DVT)** Left Right (or) Both
- ABI-Ankle Brachial Indexes**
- Stress Test with Nuclear Imaging:** **Exercise Nuclear** (walking) or **Pharmacological Nuclear** (non-walking)
- ECHO Stress Test** (Exercise Treadmill with ultrasound images)
- Only Treadmill Stress Test** without nuclear or ultrasound images
- Holter Monitor:** (24 hours) (48 hours)

REQUIRED INFORMATION:

** For **PRECERTIFICATION** purpose please fax most recent **EKG, H&P, Labs and Insurance** info.
** Please have patient bring all their medications at the time of appointment for the test.

Diagnosis for the procedure: _____

Other pertinent history: _____

Referring Physician's Name: _____ NPI#: _____

Practice Name: _____

Signature of ordering Physician: _____ Date: _____

FAX REFERRAL REQUEST TO: (919) 363-6040

Once we have received your referral, Peak Cardiology will then contact & schedule your patient
Thank You for Choosing Peak Cardiology

Peak Office Use Only: Appointment Date: ____/____/____ Time: ____:____ (Arrival Time): ____:____



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PROVIDER COPY / Physician Referral Form

PROVIDER COPY

Patient Name: _____

___ Peak Cardiology will contact you by telephone to schedule ___ Patient will contact Peak Cardiology to make appointment

Appointment Date: _____ **Time:** _____ (**Arrival Time :** _____)
* 30 minute Early Arrival Time is needed only for your first appointment for New Patient Registration.

If you are unable to make your scheduled appointment kindly give Peak Cardiology 24-48 hour cancellation notice, so that the appointment time can be offered to another patient.

We are pleased to welcome you as a new patient of Peak Cardiology. Our staff is dedicated to give you quality heart care with compassion. If you have access to the internet, we invite you to visit www.peakcardiology.com to learn more about our practice.

Things to Remember:

- **Bring all current Medical Insurance Cards and Photo ID (such as Drivers License)**
- **Bring all medications you are presently taking including prescription bottles**
- **Bring medical records or have them forwarded by your doctor(s)**
- **ARRIVE 30 minutes PRIOR to your first appointment for New Patient Registration, as shown above.**

*Upon check in, your new chart will be prepared and individual registration and insurance information will be entered into our system. If you have access to the internet, please go to www.peakcardiology.com to **print the NEW PATIENT REGISTRATION FORMS.***

You can then complete all pages, at your convenience, and bring them with you to your first appointment.

If you do not have access to the internet, you can fill out our patient registration forms in our office on the day of your appointment.

As a courtesy we will file your insurance for you; however, if you have Co-pays or Deductibles Payment will be expected at the time of your appointment. We accept MasterCard, Visa, Check or Cash. The clinic accepts Medicare assignment and Medicaid in addition to most major medical insurance.



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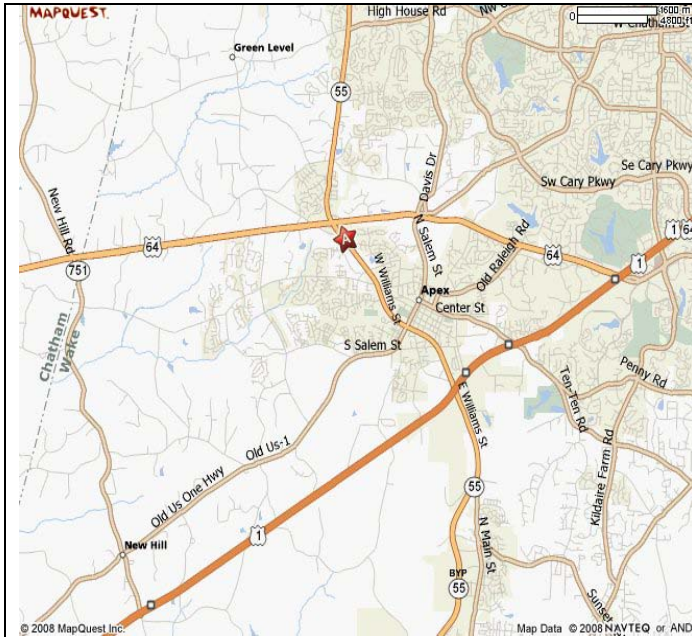
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Map View for:

Peak Cardiology
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Apex, NC 27502

DRIVING DIRECTIONS

From Highway 55 North: Drive SOUTH on HWY 55, cross over US64. Go two traffic lights and turn left onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the second left in the office complex to the second building on the right #1051.

From Highway 55 South (E. Williams St): Drive NORTH on HWY 55 through Apex on E. Williams Street (toward Beaver Creek Commons Shopping Center) After you pass Haddon Hall neighborhood (on right) turn right at traffic light onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the second left in the office complex to the second building on the right #1051.

From US64 West: Drive EAST on US64 to Apex Exit/HWY 55 (W Williams St). Turn right at traffic light at exit ramp and move into far left hand lane. At next traffic light, turn left onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the second left in the office complex to the second building on the right #1051.

From US64 East: Drive WEST on US64. Take HWY 55 Exit (Apex/Durham) At traffic light, turn left onto Hwy 55 toward Apex. Move into far left hand lane. Go two traffic lights and take left onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the second left in the office complex to the second building on the right #1051.