**Ohio Heart Group Inc.**

“Quality Care from the Heart”

***Patient Name:***

Office Locations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location | | **Address** | **Phone Number** | | **Fax Number** |
| **Westerville** | | **68 Westerview Dr.**  **Westerville, OH 43081** | **614-899-1200** | | **614-899-9065** |
| **Newark** | | **1311 West Main St.**  **Newark, OH 43055** | **740-348-0012** | | **740-348-0045** |
| **Main Office** | | **800 East Broad St.**  **Columbus, OH 43205** | **614-252-8300** | | **614-252-6637** |
|  |  | |  |  | |

***Paperwork and Items Needed for First Office Visit***

* State issued identification
* Current insurance cards
* Current medications
* Patient privacy form
* Patient history
* Payment method (Cash, Check, Visa, MasterCard, and Discovery)