

Patient Account # _____

(for office use)

PATIENT INFORMATION

(Please Print Legibly)

Today's Date ____/____/____

Name: _____
Last First Middle

SS# _____ Date of Birth ____/____/____ Age: _____ Sex: M F Marital Status: S M D W

Mailing Address: _____
P.O. Box or Street Name

City State Zip Code

Home Phone: _____ Work Phone: _____
Area Code Area Code

Cell Phone: _____ Email address: _____
Area Code

Primary Care Physician: _____
Name of Physician Phone Number

P.O. Box or Street Name City State Zip Code

Referred by: Primary Care Physician Family Member/Friend Local Newspaper Other _____
 Website Insurance Company Yellow Pages

INSURANCE INFORMATION (Please present insurance card(s) at time of check in.)

Subscriber of plan: _____
Name (person who holds the insurance) D.O.B. Relationship to Patient

P.O. Box or Street Name (If address is the same as the patients, please write 'same'.) City State Zip Code

Where should statements of your account be sent if responsible party is different than above?

Name: _____

Relationship to patient: _____ Phone # _____

Address: _____
P.O. Box or Street Name City State Zip Code

It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service.

Signature of parent or legal guardian Date

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION AND ASSIGNMENT OF MEDICAL BENEFITS

I request that payment of authorized medical benefits be made to me or on my behalf to Adult & Pediatric Dermatology, p.c. for services furnished me, including physicians services. I authorize any holder of medical information about me to release to my insurance carrier or its intermediaries any information needed for its or a related claim. Claims rejected by the insurer are the financial responsibility of the patient. I have received and understand the statement of office financial policies and notice of privacy practices.

SIGNED _____ DATE: _____

Financial Policy Notice of Privacy Practices (please check boxes after reading the policies)