

NEW PATIENT INFORMATION

Personal Information

Patient Name _____ Date of Birth _____
Address _____ (if P. O. Box, also give street address please)
City _____ State _____ ZIP _____ Phone () _____ cell _____
Social Security Number _____
Sex () Male () Female
Emergency Contact _____ Phone () _____
Email Address: _____

BIOPSY INFORMATION

Can -we leave medical information or test results on your answering machine or voicemail? Yes No

Can we discuss medical information or test results with family members? Yes No If yes, identify their names and relationship to you.

Name _____ Relationship _____
Name _____ Relationship _____

Responsible Party(Insured)Party Information

Name _____ Date of Birth _____ Sex: Male Female
Address _____ Zip _____ Phone () _____
Employer _____ Social Security Number _____

Referral Source Information

Name of Personal Physician _____ Phone () _____

Whom may we thank for referring you to us?

() Dr _____ () Friend _____ () Other _____
() Yellow Pages () Insurance Plan Booklet () search engine please specify which one

PAYMENT IN FULL IS EXPECTED AT THE TIME OF SERVICE UNLESS YOU ARE A MEDICARE PATIENT OR ARE IN A MANAGED CARE PLAN WITH WHICH WE PARTICIPATE. FOR THOSE PATIENTS, THE PAYMENT FOR ANY COPAYMENT, UNMET DEDUCTIBLE, AND/OR NON-COVERED SERVICES WILL BE COLLECTED AT THE TIME OF SERVICE.

* I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID FOR BY MY INSURANCE COMPANY. I UNDERSTAND THAT A MONTHLY 1.5% MONTHLY REBILLING FEE (\$5 MINIMUM) WILL BE APPLIED TO ANY OUTSTANDING PATIENT BALANCE.

* I UNDERSTAND THAT A \$25 FEE WILL BE CHARGED TO ME FOR ANY MISSED APPOINTMENT WITH THE PHYSICIAN, PHYSICIAN ASSISTANT OR AESTHETICIAN WHICH IS NOT CANCELLED WITHIN 24-HOURS OF THE SCHEDULED APPOINTMENT TIME.

* I UNDERSTAND THAT PAYMENT OF THIS CHARGE IS MY RESPONSIBILITY AND NOT THE RESPONSIBILITY OF MY INSURANCE COMPANY.
I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO READ THE PRIVACY PRACTICES.

Patient or Responsible Party's Signature _____ Date _____