

Patient Name: _____

Date: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Numbers: Home: _____

Cell: _____

Work: _____

Who referred you to our office?

Name: _____

Do we have your permission to leave a message?

Please check: _____ Answering Machine at Home _____ With Another Person
_____ Cell Phone _____ Spouse
_____ Voicemail at Work _____ (Name) _____

Do you give permission to discuss your medical information with other people?

YES NO If yes, provide their names and phone numbers below.

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Do you give our office permission to discuss protected health information with you via email?

YES NO

INSURANCE CARD

To be able to file with your insurance company, we must have your current insurance card on the day you are seen. We are not able to file without an insurance card. If you do not have your card, payment will be required at the time of service, and we will give you an itemized receipt so you can file the claim yourself. If the card that you present is not current or does not contain correct information, you will be responsible for the charges. We will not be able to refile the claim again later. Thank you. **Initials:** _____

MISSED APPOINTMENT

There will be a \$25 charge for appointments that are cancelled with less than 24 hour notice. The charge will be \$75 for surgical or other longer appointments. This will help us to have more appointments available for other patients. You are welcome to leave a message on our answering machine if you are not able to call during regular office hours. Thank you. **Initials:** _____

COSMETIC CONSULTATIONS AND PROCEDURES

Cosmetic consultations and cosmetic procedures are not covered by insurance. You will be responsible for payment at the time of service. Thank you. **Initials:** _____