

Alamance Skin Center

Patient Information Sheet

Chart Number: _____

Last Name _____ First _____ Middle Initial _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Mailing Address (If different from above) _____

Date of Birth _____ Age _____ Sex () Male () Female Marital Status _____

Social Security Number _____ Driver's License Number _____

Employer Name & Address _____

Work Phone _____

Spouse Information: Name _____ Work Phone _____

Employer Name & Address _____

Please list the adult responsible for payment if patient is a minor or dependent

Name _____ Relationship to patient _____ Phone Number _____

Employer Name & Address _____

IT IS IMPERATIVE WE RECEIVE COMPLETE INSURANCE INFORMATION IN ORDER TO FILE!

Primary Insurance Company _____ Policy Holder's Name _____

Subscriber ID # _____ Group # _____ Relation to patient _____

Policy Holder's Date of Birth _____ Policy Holder's SS# _____

Secondary Insurance Company _____ Policy Holder's Name _____

Subscriber ID # _____ Group # _____ Relation to patient _____

Policy Holder's Date of Birth _____ Policy Holder's SS# _____

Were you referred by another physician? yes no Physician's Name _____

Pharmacy Preference _____

I authorize Alamance Skin Center to release to my insurance company any information acquired in the course of my examination and treatment regarding my condition.

Insured Signature _____ Date _____

I hereby authorize payment from my insurance company directly to Alamance Skin Center and accept full responsibility for any portion of the charge not paid for by my insurance company for all services rendered to me in the course of my treatment.

Insured Signature _____ Date _____

I have reviewed a copy of Alamance Skin Center's Notice of Privacy Practices. I may request a copy for my records.

Patient Signature _____ Date _____

By listing the name of an individual or physician you are giving permission for that party to receive information about the care of the above named patient. This permission includes picking up prescriptions, sample products, etc.

