

Patient Registration Form

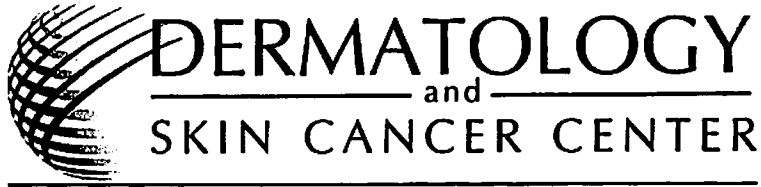
Name _____ Email: _____
SS#: _____ Preferred Language _____ Primary Care Doctor: _____
D.O.B. _____ Gender: M / F Marital Status _____ Ethnicity _____ Race _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation: _____ Referred By: _____

Insurance Information

| | |
|--------------------------------------|--------------------------------------|
| Primary Insurance Company: _____ | Secondary Insurance Company: _____ |
| Address: _____ | Address: _____ |
| Phone #: _____ | Phone #: _____ |
| Name of Policy Holder: _____ | Policy holder: _____ |
| SS# _____ DOB: _____ | SS# _____ DOB: _____ |
| ID # _____ Group# _____ | ID # _____ Group# _____ |
| Relationship to Policy Holder: _____ | Relationship to Policy Holder: _____ |

In exchange for professional services rendered by Jeannette Hudgens, M.D., I hereby assign all medical and/or surgical healthcare benefits to which I am entitled (including all insurance types) to Dermatology and Skin Cancer Center. This statement will remain in effect until and unless revoked by me in writing. A photocopy of this assignment can be considered to be as valid as the original. I understand that I am financially responsible for all charges whether or not paid by the insurance carrier. Outstanding balances are due within 90 days or will be sent to an outside collection agency. I understand I will be responsible for all fees associated with collection services. I hereby authorize said assignee (Dr. Jeannette Hudgens/staff) to release all information necessary to secure payment.

Signature _____ Date: _____



Notice of Privacy Practices

Our office is dedicated to maintaining the privacy and security of your “protected health information” or PHI. Notification of our privacy practices are posted on our website, in our lobby and copies are available for our patients.

I, _____ have received a copy of the Notice of Privacy Practices or have been offered a copy of the Notice of Privacy Practices but declined to accept the copy.

Signature _____

Date _____

Office Use Only

On _____ day of _____ 20__, the Notice of Privacy Practices was;

_____ Offered and or given to _____

_____ The patient accepted a copy of the Notice of Privacy Practices but refused to sign the acknowledgement form.

_____ The patient refused to accept a copy of the Notice of Privacy Practices and refused to sign the acknowledgement form.

Signature of Employee

Date