



**Patient Registration Form**

Please complete this form clearly and completely

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Gender: M F Marital Status: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Phone (O): \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/ School: \_\_\_\_\_ Occupation/Grade: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Insurance Information** (please note name/dob/ss of policy holder is required if policy holder is not the patient)

Primary Insurance: \_\_\_\_\_

ID#: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

(Please provide DOB and SS# if policy holder is not "Self")

Relationship of Policy Holder to Patient: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

ID#: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

(Please provide DOB and SS# if policy holder is not "Self")

Relationship of Policy Holder to Patient: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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In exchange for professional services rendered by Jeannette Hudgens, M.D., and / or Jennifer Brinckerhoff, PA-C, I hereby assign all medical and / or surgical health care benefits to which I am entitled 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 is to be considered 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 (Dermatology and Skin Cancer Center) to release any and all information necessary to secure payment through my insurance company.

Signature of Patient / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: Self Parent Guardian Other