

Patient Registration Form

Please complete this form clearly and completely.

Name: _____ DOB: _____ AGE: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone to contact you: _____ **May we leave message on this line? Y N**

Email Address: _____ **Preferred way to contact: Phone E-mail**

Gender: M F Marital Status: _____ Social Security Number: _____

Employer/School: _____ Occupation/Grade: _____

EMERGENCY CONTACT: Name: _____ Phone: _____

May we release medical information to your emergency contact? YES NO Initials: _____

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

Primary Insurance Company: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Name of Policy Holder (on card) : _____ SS#: _____

Group Number: _____ Policy Number: _____

Relationship to Policy Holder: _____ DOB of Policy Holder: _____

Secondary Insurance Company: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Name of Policy Holder (on card) : _____ SS#: _____

Group Number: _____ Policy Number: _____

Relationship to Policy Holder: _____ DOB of Policy Holder: _____

In exchange for professional services rendered by Jeannette Hudgens, MD, 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 to Jeannette Hudgens, MD and staff to release all information necessary to secure payment.

Signature Date

Relationship to Patient: SELF PARENT GUARDIAN