

Gardner Dermatology & Med Spa Patient Information

Today's Date: _____ / _____ / _____

New Patient Name Change Address Change Insurance Change

Full Name: _____
*****Please fill out name as it appears on your insurance card*****

Address: _____
(Street) (Apt #) (City) (State) (Zip Code)

Social Security #: _____ Birth Date: _____ Sex: Male Female

Marital Status: M S D W Patient Employer: _____ (Occupation) _____

Phone: _____
(Home #) (Cell #) (Work#)

If Patient is a Minor or Student Please fill Out the Following:		
Father/Guardian: _____	Father's Work #: _____	Father's Cell #: _____
Mother/Guardian: _____	Mother's Work #: _____	Mother's Cell #: _____

Emergency Contact: _____ Relationship to you: _____ Phone #: _____

How were you referred to our practice? _____

Insurance Coverage:	
Primary Insurance Company Name: _____	
Address for medical claims: _____	
Phone number for member/customer service: _____	
Policy #: _____	Group #: _____
Policy Type: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Indemnity	

Secondary Insurance Company Name: _____	
Address for medical claims: _____	
Phone number for member/customer service: _____	
Policy #: _____	Group #: _____
Policy Type: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Indemnity	

Release of Medical Records: I hereby authorize Alan M. Gardner M.D., PC to release my medical information necessary for the course of my treatment.

Authorization to Pay Benefits to Provider: I authorize the release of my medical or other information to process my medical insurance claims.

Financial responsibility: I understand that I am responsible for payment for services rendered. This responsibility applies to co-payments, deductibles, co-insurance amounts, full payment if un-insured, and payment for cosmetic procedures that are not covered by my insurance. Collection fees will be assessed to all delinquent patient responsible balances.

Patient, legal guardian or responsible party signature

Date