

# Patient Registration

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Marital Status:**  M  S  W  D **Employed:**  FT  PT  Retired  Student

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Preferred Phone:**  Home Phone  Cell Phone **Email:** \_\_\_\_\_

**May we leave a message containing information regarding your medical condition:  
(Biopsy results, appointment reminders etc.)**  No  Yes

**Do you have an advanced directive?**  No  Yes **Surrogate Decision Maker:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

\*This person may also be informed of your health care information (biopsy results, upcoming appointments etc.) \*

**Pharmacy Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_ **Name of Insured:** \_\_\_\_\_

**Relationship of Insured to Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Insurance ID #:** \_\_\_\_\_ **Insurance Group:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_ **Name of Insured:** \_\_\_\_\_

**Relationship of Insured to Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Insurance ID #:** \_\_\_\_\_ **Insurance Group:** \_\_\_\_\_

## Benefit Assignment:

I hereby authorize the assignment of benefits (payments) directly to **The Bowman Institute for Dermatologic Surgery** for all insurance claims related to services received during this annual physical year. I agree to pay any and all charges that exceed, or are not covered by my insurance.

**I understand that co-pays, co-insurance and deductibles, along with any non-covered charges, are due at time of service.**

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**