derm sd

LAST ______________________________ FIRST ______________________________

DOB ____________________ SSN ____________________ (LAST 4 NUMBERS FOR ACCUTANE) MALE___ FEMALE___

ADDRESS ____

CITY ______________________________ STATE ______________ ZIP ____________________

HOME PHONE ____________________________ CELL PHONE ____________________________

EMAIL ____ (MENDMI ONLINE BILLING AVAILABLE)

EMERGENCY CONTACT ________________________________ PHONE ____________________

PHARMACY NAME ____________________________ LOCATION ______________________________

HOW DID YOU HEAR ABOUT US?____

CANCELLATION POLICY

We take pride in making a conscious effort to accommodate our patients schedules and that each patient is seen in a timely fashion. We believe that your time is as valuable as our own. If you are unable to keep your appointment, please give a 24 hour notice so that someone else needing our services may be seen at that time. We will be happy to reschedule your appointment for a future date. I understand that failure to cancel or reschedule an appointment without a 24 hour notice can result in a NO SHOW appointment charge of $50.

FINANCIAL RESPONSIBILITY

CASH & COSMETIC: Cash and cosmetic services are paid on day or service. We accept cash, cashiers checks, personal check, and all major credit cards. WE DO NOT FILE INSURANCE CLAIMS FOR COSMETIC TREATMENTS.

INSURANCE: I authorize my insurance company to directly remit payment to San Diego Dermatology & Laser Surgery for medical and surgical services provided. I understand some services advised by my doctor may or may not be covered by insurance. I understand that I am financially responsible for any outstanding balance and will promptly pay this in full within 30 days of receiving a bill. I understand accounts 90 days past due will be transferred to a third party collections agency and that I will be responsible for any and all fees associated with this transfer. I understand that by not providing the office with all information requested and/or copies of my insurance card (s) at time of service, this could cause a delay in the processing of my claim and I could consequently receive a bill for these services.

My signature below indicates my acceptance/understanding of the above statements.

____ ____________________

Patient (or Parent/Guardian) Signature Date

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Ensuring Patient Privacy: Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

Use and disclosure of your health information: The circumstances in which we may use or disclose your health information is explained in detail in our *Notice of Privacy Practices* provided to you with your new patient paperwork. Please let the front desk know if you would like a copy of the *Notice of Privacy Practices* for your records. San Diego Dermatology & Laser Surgery reserves the right to revise its *Notice of Privacy Practices* at any time.

By signing this consent, you authorize San Diego Dermatology & Laser Surgery and its staff to communicate with you regarding your health care for reasons such as office promotions, appointment reminders, biopsy results, patient statements, and correspondence with your insurance company. I acknowledge that it is my responsibility to notify San Diego Dermatology & Laser Surgery whenever this information changes.

_______________________________________ ______________________

Patient or Legal Guardian Signature Date

PROTECTED HEALTH INFORMATION

To ensure your privacy, please select the best number to contact you with protected health information such as biopsy and lab results:

◊ Home _____________________________ OK to leave a message ________

◊ Work _____________________________ OK to leave a message ________

◊ Cell _____________________________ OK to leave a message________

Please indicate any other persons you authorize San Diego Dermatology & Laser Surgery to discuss your health information with:

Name____ Relationship_______________________________________

Name____ Relationship_______________________________________

Name____ Relationship_______________________________________