

PLEASE COMPLETE ALL SECTIONS

PATIENT NAME: _____			DATE: _____		
			Male <input type="checkbox"/> Female <input type="checkbox"/>		
FIRST	MIDDLE	LAST			
Name you prefer to be called:					
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>					
Address:		Apt #	City	Zip	
Home Phone: ()		Cell Phone: ()			
Social Security #					
Birthdate			Age		
Employer:					
Work Phone: ()					
Responsible Billing Party / Relationship to Patient: Self <input type="checkbox"/> Partner / Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/>					
(give address and phone if different than above)					
Address:			Phone: ()		
Spouse or Partner's Name / Parent's name (if patient is a minor):					
Spouse, Partner, or Parent's work phone: ()					
Whom shall we call in an emergency? (Please give name, relationship, area code and phone number of someone not living with you.)					
Primary Medical Insurance Carrier:			Member #:		
Subscriber Name and Date of Birth			Group #:		
Medicare Number:					
Secondary or Medicare Supplement Insurance Carrier:			Member #:		
Subscriber Name and Date of Birth			Group #:		
<p>Assignment and Release: I hereby authorize my insurance benefits to be paid directly to Downey Plastic Surgery. I am financially responsible for the balance due. I also authorize the practice or insurance company to release information required for this claim.</p> <p><i>If I have no insurance I agree to pay today for services provided by Downey Plastics Surgery.</i></p> <p>I, the patient / patient's legal representative, hereby grant permission to Downey Plastic Surgery to perform such examinations and medical or therapeutic procedures as may be deemed professionally necessary for my / the patient's diagnosis and treatment.</p> <p>I acknowledge receipt of Northwest Hospital & Medical Center's Notice of Privacy Practices.</p>					
Signature: _____			Date: _____		