# Glaser Dermatology

********* **PLEASE PROVIDE ALL REQUESTED INFORMATION** *********

Patient Name: _____ Home Phone: ( ) _____
(Last) (First) (Mid. Init.)

Address: _____ Apt: _____ Work Phone: ( ) _____ ext_____

City: _____ State: _____ Zip: _____ Cell Phone: ( ) _____

Sex: M F Marital Status (circle): single married divorced Date of Birth: _____ /_____ /_____

SS #: _____- _____ - _____ Pharmacy Name & Town: _____ Phone: ( ) _____

Employer Name: _____Primary Doctor:_____ Phone: ( ) _____

Referred by (fill in the blank): Dr _____ Patient _____

Relative _____ Other _____ Insurance Plan _____

**INSURANCE INFORMATION (PLEASE SHOW US YOUR INSURANCE ID CARDS)**

Primary Insurance: _____ Secondary Insurance: _____

Address: _____ Address: _____

Subscriber's Name: _____ Subscriber's Name: _____

Subscriber SS#: _____-_____-_____ DOB:_____ Subscriber SS#: _____-_____-_____ DOB:_____

Subscriber ID#: _____ Group #: _____ Subscriber ID#: _____ Group #: _____

**RESPONSIBLE PARTY INFORMATION (if same as the patient, please write "same as above")**

Patient Name: _____ Home Phone: ( ) _____
(Last) (First) (Mid. Init.)

Address: _____ Apt: _____ Work Phone: ( ) _____ ext_____

City: _____ State: _____ Zip: _____ Cell Phone: ( ) _____

SS #: _____- _____ - _____ Date of Birth: _____/_____/_____ Employer Name: _____

Relationship to Patient: Spouse Parent Other: _____

I authorize Glaser Dermatology to furnish all medical records for insurance claim reviews and for my insurance company to pay Glaser Dermatology directly. I accept financial responsibility for services not paid by my insurance including deductibles, co-pays, co-insurances, and non-covered services. To recover unpaid amounts, I agree that all legal costs will be added to the amount I owe, including court filing and attorney fees (the latter being 33-1/3% of amount owed plus interest at 1-1/2% per month, per annum).

**Authorized Signature:** _____ **Date:** _____

**Relationship to Patient:** _____

Emergency contact: _____ Tel ( ) _____ Relationship_____