

PATIENT INFORMATION

It is **Required** that form be completed annually in its entirety. Thank you.

Name _____ Home Phone (_____) _____
Date of Birth ____ / ____ / ____ Soc. Sec. # ____ - ____ - ____ Work Phone (_____) _____
Address _____ Cell Phone (_____) _____
City _____ State _____ Zip _____ **Circle one:** Single Married Wid Div
If Referred by Physician, Name of Physician _____

Occupation _____ Employer _____
Employer's Address _____ City _____ State _____ Zip _____

Patient's **Primary** Medical Insurance Company _____
Policy Holder _____ Policy Holder's Relationship to Patient _____
Policy Holder's Date of Birth ____ / ____ / ____ Policy Holder's Address _____
Policy Holder's Phone (_____) _____

Patient's **Secondary** Medical Insurance Company _____
Policy Holder _____ Policy Holder's Relationship to Patient _____
Policy Holder's Date of Birth ____ / ____ / ____ Policy Holder's Address _____
Policy Holder's Phone (_____) _____

Name of Spouse or Parent _____ Phone (_____) _____
Address _____ Soc. Sec. # ____ - ____ - ____
Occupation _____ Employer _____
Employer's Address _____ Work Phone (_____) _____

Patient's next of kin to notify in case of emergency (**other than spouse**) Name _____
Phone (_____) _____

Medical Problem for which you see or have seen a Physician (other than for colds and flu)

Present Medications _____

Allergic to any Medications? Yes / No (**circle one**) If yes, Name of Medicatons _____

Past Surgeries _____

I hereby authorize Hudson Dermatology, P.C. to furnish information to my Insurance Carrier concerning treatment. This authorization is valid as long as I am a patient of Hudson Dermatology, P.C. I am responsible for any financial obligations for services for the above patient and payment of claim from my insurance company. If for any reason the account should become delinquent I agree to pay for all rebilling charges (\$5.00), all collection costs and reasonable attorney's fees incurred, whether or not litigation is initiated.

Signature of Responsible Party

Date

COPAYMENTS AND PAYMENTS ARE DUE ON THE DAY THAT SERVICES ARE RENDERED