

Patient Information as of \_\_\_\_\_ (enter today's date)  
(Please Print Legibly & Fill In or Correct All Fields)

**Patient's Name**

\_\_\_\_\_ Last First Middle

Address \_\_\_\_\_  
Street & Apt # City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Any restrictions for contacting you?  No  Yes E-mail \_\_\_\_\_

Contact \_\_\_\_\_

Restrictions: \_\_\_\_\_ Referred By: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ SS # \_\_\_\_\_ - - Sex  Female  Male

Marital Status  Single  Married to: \_\_\_\_\_  Other: \_\_\_\_\_

**Patient's Employer**

\_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext: \_\_\_\_\_ Is it okay to call you at work?  Yes  No

Address \_\_\_\_\_  
Street & Suite # City State Zip

**Emergency Contact**

(Not in your household) \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Primary Health Insurance Company**

**Insured:** Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Referral Required?  No  Yes Copay?  No  Yes, \$ \_\_\_\_\_

**\*Workers' Compensation/No-Fault** Date of Accident: \_\_\_\_\_

**Secondary Health Insurance Company**

**Insured :** Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Referral Required?  No  Yes Copay?  No  Yes, \$ \_\_\_\_\_

I authorize South Shore Cosmetic Surgeons, L.L.C. to bill my insurance company. Regardless of insurance coverage, I am responsible for all bills being paid in a timely manner. I understand that my contract is between South Shore Cosmetic Surgeons, L.L.C. and myself. I authorize the release of any medical information necessary to process claims and payment from my insurance company to be made directly to South Shore Cosmetic Surgeons. Office visits for self-pay patients are payable on the day service is rendered.

**\*Medicare patients are responsible for the difference between Medicare's reimbursement and Medicare's approved fee, as well as well as non-approved fees.**

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