

HAYDEL DERMATOLOGY
PATIENT INFORMATION

PATIENT INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

SS# _____ Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____ Race: _____ Language: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

PARENT OR RESPONSIBLE PARTY

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

SS# _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

INSURANCE INFORMATION (Please present insurance card and license at the time of check in)

Primary Insurance Name _____	Secondary Insurance Name _____
Name of Insured _____	Name of Insured _____
SS# _____ Date of Birth _____	SS# _____ Date of Birth _____
Policy# _____ Group# _____	Policy# _____ Group# _____
Employer Name _____	Employer Name _____
Employer Phone# _____	Employer Phone# _____
Relationship to Patient _____	Relationship to Patient _____

Emergency Contact _____
Name Phone Number Relationship

Pharmacy of choice _____ Phone number _____

Referred By _____ Primary Care Physician _____

How did you hear about our office? _____

The above information is accurate and complete to the best of my knowledge and is only for use in my treatment, billing and processing of insurance benefits, for which I am entitled. I will not hold Haydel Dermatology responsible for any errors or omissions that I may have made in the completion of this form.

Patient Signature _____ Date _____

I authorize the release of medical information to my primary care or referring physician, to consultants if and needed as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to Haydel Dermatology.
Patient or Responsible Party Signature _____

Co-pay, deductible, non-covered services and cosmetic services are due at the time of service We accept payment in the form of cash, check, visa or mastercard, and care credit.