



BARBER CENTER

for PLASTIC SURGERY

PATIENT REGISTRATION FORM

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____ Age: _____

Home Telephone: _____ Work Telephone: _____

Pager: _____ Cell: _____ Email: _____

Marital Status: Single Married Divored Widowed **May we email you?** Yes No

Employer: _____ Occupation: _____

In An Emergency, Notify: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Spouse / Parent: _____

Spouse Employer: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Cell: _____

If necessary, may we call you at home and leave messages? Yes No

REFERRAL SOURCE

Physician: _____ Friend: _____

Former Patient (Name Optional) _____

Real Yellow Pages Talking Phone Book Yellow Pages Newspaper Internet

Other, please indicate: _____

PAYMENT IS EXPECTED AT TIME SERVICES ARE RENDERED

PERSON RESPONSIBLE FOR PAYMENT		STREET ADDRESS		CITY AND STATE		ZIP CODE	
BIRTH DATE	S.S.#	HOME PHONE#	NAME OF EMPLOYER		BUSINESS PHONE #		
NAME OF PRIMARY INSURANCE COMPANY		STREET ADDRESS / P.O. BOX		CITY AND STATE		ZIP CODE	
PHONE #	INSURED'S NAME		S.S.#	BIRTH DATE	POLICY / GROUP #		
NAME OF SECONDARY INSURANCE COMPANY		STREET ADDRESS / P.O. BOX		CITY AND STATE		ZIP CODE	
PHONE #	INSURED'S NAME		S.S.#	BIRTH DATE	POLICY / GROUP #		

IS THIS WORKMAN'S COMPENSATION? Yes No

I authorize Barber Center for Plastic Surgery to release any information to my insurance or physicians acquired in the course of my examination or treatment. I also authorize photographs to be taken and released to my insurance company as acquired in the course of my examination or treatment. I understand that I am financially responsible for charges not covered by this authorization and guarantee payment of this account. A monthly service charge of 1½% (18% annual) will be charged on accounts not paid within 90 days. I AUTHORIZE PAYMENT DIRECTLY TO BARBER CENTER FOR PLASTIC SURGERY.

Signature

Date