ADVANCED
BREAST SURGERY

New Patient Registration Form

PLEASE PRINT AND COMPLETE ALL ENTRIES

FIRST NAME:	LAST NAME:	DATE OF BIRTH: _____/_____/_____

SEX: ❑ Male ❑ Female	SOCIAL SECURITY:	PHONE NUMBER:	EMAIL ADDRESS:

ADDRESS

CITY:	STATE:	ZIP CODE:

MARITAL STATUS: ❑SINGLE ❑MARRIED	SPOUSES NAME:.	SPOUSE PHONE NUMBER
EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER

INSURANCE INFORMATION

DO YOU HAVE INSURANCE? ❑YES ❑NO	PRIMARY CARD HOLDER ❑SELF ❑SPOUSE. ❑PARENT. ❑OTHER	PRIMARY POLICY HOLDER NAME
PRIMARY INSURANCE COMPANY	PRIMARY ID NUMBER	PRIMARY GROUP NUMBER
DO YOU HAVE SECONDARY INSURANCE? ❑YES ❑NO	SECONDARY CARD HOLDER ❑SELF ❑SPOUSE. ❑PARENT. ❑OTHER	SECONDARY POLICY HOLDER NAME
SECONDARY INSURANCE COMPANY	SECONDARY ID NUMBER	SECONDARY GROUP NUMBER

PAYMENT POLICIES

- You are financially responsible for anything insurance does not cover. All copays are due and payable at each visit. The amount your insurance will allow and pay for and your financial responsibility is determined by your insurance company and the policy you have chosen. Your claim will be processed according to the benefits of your insurance plan. The deductible, co-insurance and co-pay are your financial responsibility. It is your responsibility to understand your insurance plan.
- $5 Fee for Co-pays not paid at the time of service.

call at least 24 hours before your appointment if you cannot come in.

- $50 No Show Fee for any Missed Appointment that was not cancelled or rescheduled 24 hours prior to the appointment. Please be considerate and
- $35 NSF charge for any returned check from the bank.
- If you are a private patient without insurance, all charges are due at the time of the visit. We do not send a statement to private pay patients.

PHARMACY

PHARMACY NAME	PHARMACY PHONE NUMBER

PATIENT SIGNATURE	DATE