

Doctor:
Account #

PATIENT REGISTRATION

Name (First, Last): _____ DOB: _____ Gender: F / M

Patient Address: _____

Home Phone #: _____ Cell Phone #: _____ Preferred #: _____

Check to receive appointment reminder texts _____ Marital Status: S / M / W / D _____ Race/Ethnicity: _____

Referring Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

INSURANCE SUBSCRIBER INFORMATION

Primary Insurance: _____ Policy Holder Name: _____ DOB: _____

Policy Holder Address: _____ Phone # _____ Relationship: _____

Secondary Insurance: _____ Policy Holder Name: _____ DOB: _____

AUTHORIZATION & RELEASE OF PROTECTED HEALTH INFORMATION

I authorize all Dermatology Associates of Morris, P.A. staff to disclose all protected health information, unless I note restrictions, to the party/parties listed below until the specified expiration date. I have the right to revoke this authorization which must be in writing.

Print Name(s)	Phone Number(s)	Relationship	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

I verify the accuracy of the above information. I will be responsible for any payment that my insurance deems to be "Patient Responsibility". The insurance company determines which services are cosmetic and which are medically necessary. Cosmetic procedures will not be submitted to insurance. I am responsible for payment of all elective cosmetic procedures on the day of service. If the insurance plan that I am under contract with requires a referral, it is my responsibility to obtain the referral prior to the appointment date.

I have been given the opportunity to review Dermatology Associates of Morris, P.A. HIPAA Notice of Privacy Policy.

Print Name of person signing form

Signature (patient must sign if over age 18)

Date: _____

Relationship to patient (self, guardian, parent, P.O.A.)

PLEASE NOTE: An examination of sun exposed skin for skin cancer is recommended for adults. If you would like an examination, please inform the doctor's assistant. Please show the doctor any areas of concern that are new or have changed in appearance.

As per NJ state law, you have the right to request a chaperone during your examination. Please advise the doctor if you would like a chaperone present during your exam.