

Burt and Will Plastic Surgery and Laser Centre Registration

PATIENT NAME _____ STREET 1 _____ STREET 2 _____ CITY _____ STATE & ZIP _____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ E-MAIL ADDRESS _____ DATE OF BIRTH _____ MARITAL STATUS _____ SOCIAL SECURITY NUMBER _____ RACE _____ <small>(White, Black, Hispanic, Asian, Indian, Native American, Eskimo, Other)</small>	PATIENT EMPLOYER _____ STREET 1 _____ STREET 2 _____ CITY _____ STATE & ZIP _____ EMPLOYERS PHONE _____ PATIENT OCCUPATION _____ PHARMACY NAME _____ CITY AND PHONE _____ PATIENT PRIMARY CARE DOCTOR NAME _____ ADDRESS _____ CITY, STATE, ZIP _____
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BILLING/ACCOUNT INFORMATION

ACCOUNT GUARANTOR NAME _____ STREET 1 _____ STREET 2 _____ CITY _____ STATE & ZIP _____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ DATE OF BIRTH _____ MARITAL STATUS _____ SOCIAL SECURITY NUMBER _____	INSURANCE INFORMATION PRIMARY INSURANCE COMPANY _____ PRIMARY INSURANCE POLICY HOLDER/SUBSCRIBER NAME _____ WHAT COMPANY/ORGANIZATION/EMPLOYER PROVIDES THIS INSURANCE COVERAGE? _____ WHAT IS THE EMPLOYMENT STATUS OF THE POLICY HOLDER/SUBSCRIBER? (FULLTIME PART TIME, STUDENT, PART TIME STUDENT, RETIRED, UNEMPLOYED, SELF EMPLOYED, UNKNOWN)
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GUARANTOR'S EMPLOYER

NAME _____ STREET1 _____ STREET2 _____ CITY _____ STATE & ZIP _____ HOME PHONE _____ CELL PHONE _____ OCCUPATION _____	SECONDARY INSURANCE COMPANY SECONDARY INSURANCE COMPANY _____ SECONDARY INSURANCE POLICY HOLDER/SUBSCRIBER NAME _____ WHAT COMPANY/ORGANIZATION/EMPLOYER PROVIDES THIS INSURANCE COVERAGE? _____ WHAT IS THE EMPLOYMENT STATUS OF THE POLICY HOLDER/SUBSCRIBER? (FULLTIME PART TIME, STUDENT, PART TIME STUDENT, RETIRED, UNEMPLOYED, SELF EMPLOYED, UNKNOWN)
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FOR NEW PATIENTS

How were you referred to our clinic or what is your reason for choosing our clinic? (Please circle one)		
Newspaper Publication? _____	Advertisement Insurance	Community Event Yellow Pages
Office Hours	ER Visit	Website
Yellow Pages	Physician Referral	Other
Internet	Family/Friend : Name _____	
May we correspond with them: <u>Yes</u> <u>No</u>		

You must provide all insurance cards at the time of registration.

Please fill out all pages in this new patient packet.

Co-payments are due at each visit.

**All payments are to be made payable to:
Burt Plastic Surgery, SC.**

Thank you for choosing Burt and Will Plastic Surgery and Laser Centre