

COLE DERMATOLOGY AND AESTHETIC CENTER, P.C.

PATIENT REGISTRATION

NAME		
LAST	FIRST	MIDDLE
ADDRESS		
CITY	STATE	ZIP
DATE OF BIRTH	SEX M / F	SOCIAL SECURITY#
HOME#	CELL#	WK#
EMAIL ADDRESS		

PRIMARY INS	INS PHONE#	
POLICY ID#	GROUP#	
POLICY HOLDER NAME	SS#	DOB
SECONDARY INSURANCE	INS PHONE#	
POLICY ID#	GROUP#	

I understand that it is my responsibility to verify that *Cole Dermatology and Aesthetic Center, P.C.* is a provider of my insurance plan before I present to the office for treatment. I agree to obtain a referral from my primary care physician if required by my insurance company. Any charges from *Cole Dermatology and Aesthetic Center, P.C.* not paid by my insurance company will be my sole responsibility. I authorize the release of medical information to my primary care or referring physician, to consultants, or to my insurance company (ies) as necessary to process insurance claims, insurance applications and exchange of information needed for my medical care. I authorize payment of medical benefits to *Cole Dermatology and Aesthetic Center, P.C.* for any professional services rendered to my dependent or me. I agree to pay in advance for all services unless my insurance is filed. If any insurance is filed, I will pay my applicable co-pay and/or deductible in advance of my visit. I understand that payment is accepted in the form of cash, check, credit card or debit card. A photocopy of this assignment is as valid as an original. I understand that I am financially responsible for all charges whether or not they are paid by my insurance. I understand that a charge in the amount of **\$25.00** will be charged to my account if I do not notify the office within a **24 hour business day** to cancel my appointments. I hereby give my permission for *Cole Dermatology and Aesthetic Center, P.C.* electronically obtain my medication history through my prescription plan.

My signature below signifies my understanding and willingness to comply with these policies.

PATIENT/LEGAL GUARDIAN: _____ DATE: _____