

Welcome to Skin Solutions Dermatology –

Please accurately complete each section of the form below. Any missing information may result in an insurance claim denial. The best contact number will be utilized to confirm upcoming appointments and for personal information.

A. Patient Information

Last Name: _____ First: _____ MI: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Sex: Female Male Social Security #: _____

Marital Status: _____ Employer Name/Phone #: _____

Best Contact Phone Number (____) _____ - _____ Other Number (____) _____ - _____

Emergency Contact: _____ Relation _____ Phone # (____) _____ - _____

I give permission to discuss my personal medical information with:

Name: _____ Relation: _____ Phone #:(____) _____ - _____

B. PCP INFORMATION

Have you seen a physician that recommended you see a dermatologist for your skin condition? Yes No

If yes:

Physician name _____

City _____ State _____

Phone number (____) _____ - _____

Primary Care Physician:

Physician name _____

Phone number (____) _____ - _____

C. PHARMACY INFORMATION

Pharmacy Name:

Location:

Pharmacy Number:

D. Insurance Information

Primary Insurance Company: _____

Subscriber ID: _____

Group #: _____

Policy Holder's Name : _____

Policy Holder's Date of Birth: ____/____/____

Policy Holder's Social Security #: ____/____/____

Policy Holder's Relation to Patient: _____

Secondary Insurance Company: _____

Subscriber ID: _____

Group #: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: ____/____/____

Policy Holder's Social Security #: ____/____/____

Policy Holder's Relation to Patient: _____

I have reviewed and understand the office policy in regards to the **HIPPA Notice of Privacy Practices**. I understand that I may request a personal copy if I so choose.

Patient Signature (Guarantor if under 18) _____ **Date** _____

Failure to show for your scheduled appointment will result in a \$25.00 charge to your account. Returned checks will also incur a \$25.00 returned check fee.

Delinquent accounts will be placed in collections and charged an additional 33.3%.

Although it is your responsibility to understand your insurance plan benefits, our staff is dedicated to working with you and your insurance carrier to ensure appropriate reimbursement for your medical bills.

I hereby authorize to release any information, including the diagnosis and record of any treatment or examination rendered to me or my dependent during the period of such care to third party payers and/or other health practitioners. I authorize and request my insurance company to pay benefits otherwise payable to me directly to Skin Solutions Dermatology. I understand that my insurance carrier may pay less than the actual bill for medical and/or laboratory services. It is my responsibility to notify the nursing station which lab my insurance company contracts with. I agree to be responsible for payment of all services rendered on behalf of myself or my dependent that are not covered by my insurance company.

My signature below acknowledges that I have read all of the above information and understand my obligation.

Patient Signature (Guarantor if under 18): _____ **Date:** _____

Pena MD Studio offers a variety of services and treatments for your cosmetic needs:

Call (615)-771-5355 to schedule your appointment and ask about our **FREE Cosmetic Consults!!**

Provide us your e-mail below to receive our exclusive offers and promotions.

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- Neck Lift
- Neck Liposuction
- Laser and Light Therapy Treatments
- Bi-Lateral Upper Blepharoplasty
- Botox®
- Evolence®
- Juvéderm®
- Radiesse®
- Restylane®
- DermaSweep
- Microdermabrasion
- Customized Facials
- Peels
- Latisse™ Eyelash Treatment
- Tinting, Tweezing and Waxing

How did you learn about us?

A friend or family member
A physician referral (name): _____

Internet search (Google, Yahoo, MSN, etc.): _____

My insurance company (name): _____
Telephone book
Marquee (Skin Solutions Exterior Sign)

A seminar/event: _____
Magazine/Newspaper ad:
 _____ NFocus _____ VIP Williamson
 _____ TPAC/Ballet/Opera Playbill

Other: _____
E-Mail: _____

