

BLUE RIDGE PLASTIC SURGERY GROUP

Patient's Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Address _____ Work Phone _____

Date of Birth _____ SSN _____ Sex _____ Race _____

Marital Status _____ Full Time Student? _____ School _____

How did you hear about us? _____ Yellow Pages _____ TV _____ Friend _____ Paper _____ Doctor

Email address _____ (To receive coupons and newsletters)

Insurance Information:

Company _____ Coverage: PPO EPO HMO Other

Address of Insurance _____ City, State, Zip _____

Co-Pay Amount _____ Deductible Amount _____ 90/10 80/20 Other _____

Identification/SSN _____ Plan Number _____ Group Number _____

Insured's Name _____ Insured's Employer _____ **Insured's DOB** _____

Payment is expected on the day of your office visit unless prior arrangements have been made. Please come prepared to pay for the services you receive. If your insurance is to pay for your visit, you will need to notify us in advance and give us certain information we need in order to file your claim. You will be responsible for payment of your account in full if insurance does not cover some portion of the bill. If you decide to have procedures performed or services rendered which are not covered under your insurance policy, you agree to pay Blue Ridge Plastic Surgery Group directly for those charges.

I have read, understand and agree to abide by the financial policy of Blue Ridge Plastic Surgery Group.

Signature _____

I hereby authorize insurance to pay my benefits directly to Blue Ridge Plastic Surgery Group for any surgical and/or medical treatment.

Signature _____

I hereby authorize Blue Ridge Plastic Surgery Group to release any information acquired during the course of my examination and treatment to expedite insurance claims or contribute directly to my care.

Signature _____

If under 18 years old, the person financially responsible for services rendered is: _____

DOB ___/___/___ of parent or guardian

Signature _____