**San Luis Dermatology & Laser Clinic, Inc**.
**15 Santa Rosa Street – San Luis Obispo, CA 93405 ~ Phone: (805) 541-2650 Fax: (805) 541-4043**

# PATIENT INFORMATION

To Protect ***YOUR*** Personal Identity & as a Fair Trade Commission Requirement

******Please allow us to copy Insurance cards and "Photo" ID******

☐ New Patient ☐ Update ☐Name Change ☐ Address Change **Today's Date** _____

PATIENT'S NAME: _____
Last First M.I.

Mailing Address: _____
Street City State Zip Code

Physical or Seasonal Address: _____
Street City State Zip Code

Primary Phone# ( )_____ Secondary # ( )_____ Other # ( )_____
Circle Home/Cell/Work Circle Home/Cell/Work Circle Home/Cell/Work

Marital Status: ☐ Single ☐ Married ☐ Other **SS**#_____ Date of Birth_____ Age_____

Sex ☐ Male ☐ Female Preferred Language_____ Race and Ethnic Group _____

Is it ok to leave detailed messages ☐ Yes ☐ No Preferred Contact Method: ☐ Phone ☐ Email ☐ Letter

***Email:***_____

Employer:_____ Occupation_____

**Family Physician's full name & City** _____ Referred by _____

## RESPONSIBLE PARTY (Parent of minor child, or Healthcare Power of Attorney)

NAME_____ Relationship_____

Mailing Address _____
Street City State Zip Code

Phone# ( )_____ Secondary # ( )_____ Other # ( )_____
Circle Home/Cell/Work Circle Home/Cell/Work Circle Home/Cell/Work

## IN CASE OF EMERGENCY (Other then Yourself) Spouse, Family Member, or Friend

NAME_____ Relationship_____

Home Phone# ( )_____ Cell Phone# ( )_____

## ACKNOWLEDGEMENT OF PAYMENT POLICY

San Luis Dermatology & Laser Clinic, Inc. physicians are providers for **MEDICARE ONLY**. Patients who are covered by **Medicare** will be responsible for paying their annual deductible, co-payment and charges for non-covered and/or cosmetic services. San Luis Dermatology & Laser Clinic, Inc. physicians and physician assistant are **not** providers for any **private, commercial insurance plans.** Patients who are covered by private, commercial insurance plans will be required to pay at the time of service. We accept Check, Cash and Credit Cards: Visa, MasterCard, and Discover®. San Luis Dermatology & Laser Clinic, Inc. will bill your private insurance as a **courtesy only,** and will ask your insurance to reimburse you directly. If they happen to send payment to us, we will refund you any remaining credit. Unpaid balances regardless of the benefit coverage are **your responsibility**.

***Please note: you will be billed for any lab; cultures and pathology separately from an outside laboratory.***

Patient or Responsible Party Signature_____ Date_____

3/10/17 Updated/bn