

San Luis Dermatology & Laser Clinic, Inc.

15 Santa Rosa St., San Luis Obispo, CA 93405 & 1551 Bishop Street, Ste. 410 – San Luis Obispo, CA 93401

PATIENT INFORMATION

\*\*\*\*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# \_\_\_\_\_

Circle Home/Cell/Work Home/Cell/Work/Other

Marital Status: Single [ ] Married [ ] Other [ ] SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex: \_\_\_\_\_ Preferred Language \_\_\_\_\_ Race/Ethnic Group \_\_\_\_\_

Is it ok to leave detailed messages? Yes [ ] No [ ] Preferred Contact Method: Phone [ ] Email [ ]

Email: \_\_\_\_\_ Place of Birth (city & state) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Physician's full name & City \_\_\_\_\_

Were you referred to us by a Physician? If so, please provide name: \_\_\_\_\_

How did you hear about us? Google Search [ ] Radio Ad [ ] Newspaper [ ] Friend [ ] Other [ ] \_\_\_\_\_

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

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street City State Zip Code

Phone# \_\_\_\_\_ Secondary # \_\_\_\_\_

Circle Home/Cell/Work Circle Home/Cell/Work

IN CASE OF EMERGENCY (Other than 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. 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 \_\_\_\_\_