

**San Luis Dermatology & Laser Clinic, Inc.**  
**15 Santa Rosa Street – San Luis Obispo, CA 93405**  
**1551 Bishop Street, Suite 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 by a Physician? If so, name: \_\_\_\_\_

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

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

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**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 \_\_\_\_\_